

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: WORCESTER COUNTY HORTICULTURAL SOCIETY. Address: 11 FRENCH DRIVE, BOYLSTON, MA 01505

D Employer identification number: 04-1988945. E Telephone number: (508) 869-6111. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: wwwtowerhillgborg

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 13,609,026

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes, Net assets at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input checked="" type="checkbox"/>	25a	113,909	113,909		
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	683,227	449,016	234,211	
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28	105,860		105,860	
29 Payroll taxes	29	59,124	32,867	26,257	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	29,209	29,209		
34 Telephone	34				
35 Postage and shipping	35	12,964		12,964	
36 Occupancy	36				
37 Equipment rental and maintenance	37	2,106	1,476	630	
38 Printing and publications	38	16,632		16,632	
39 Travel	39	1,792		1,792	
40 Conferences, conventions, and meetings	40	2,697		2,697	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	499,802	169,933	329,869	
43 Other expenses not covered above (itemize)	43a				
a See Additional Data Table	43b				
b	43c				
c	43d				
d	43e				
e	43f				
f	43g				
g					
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,057,975	903,865	1,154,110	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ AN EDUCATIONAL ORGANIZATION FOR THE PURPOSE OF ADVANCING THE SCIENCE AND ENCOURAGING AND IMPROVING THE PRACTICE OF HORTICULTURE All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a THE SOCIETY MAINTAINS A LIBRARY AND RESOURCE CENTER FOR HORTICULTURAL MATTERS IN ADDITION TO SPONSORING SHOWS, EXHIBITS, LECTURES AND TOURS ALL OF WHICH ARE AVAILABLE TO THE GENERAL PUBLIC (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	903,865
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	903,865

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		2,349	45	150,147	
	46 Savings and temporary cash investments		1,004,500	46	1,650,209	
	47a Accounts receivable	47a	79,931			
	b Less allowance for doubtful accounts	47b		76,152	47c	79,931
	48a Pledges receivable	48a	3,356,814			
	b Less allowance for doubtful accounts	48b	368,031	2,600,731	48c	2,988,783
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			115,701	52	94,295
	53 Prepaid expenses and deferred charges			42,930	53	33,087
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			6,150,987	54a	6,883,226
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment basis	57a	14,033,603				
b Less accumulated depreciation (attach schedule)	57b	5,725,357	8,448,608	57c	8,308,246	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58			18,441,958	59	20,187,924	
Liabilities	60 Accounts payable and accrued expenses		174,661	60	168,351	
	61 Grants payable			61		
	62 Deferred revenue		2,125	62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)			159,208	65	174,690
66 Total liabilities Add lines 60 through 65			335,994	66	343,041	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		10,893,969	67	10,835,344	
	68 Temporarily restricted		3,624,843	68	4,766,893	
	69 Permanently restricted		3,587,152	69	4,242,646	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			18,105,964	73	19,844,883
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			18,441,958	74	20,187,924

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes sub-sections like 85c-f and 89c-f.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LECTURES					86,923
b TRIPS					5,764
c EVENTS					112,638
d GENERAL ADMISSION					106,619
e SHOWS AND EXHIBITIONS					1,897
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					302,427
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	317,247	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property	900002	195,101			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	786,931	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					64,208
103 Other revenue a MISCELLANEOUS					12,453
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		195,101		1,104,178	692,929
105 Total (add line 104, columns (B), (D), and (E))					1,992,208

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	PROGRAM RELATED FEES RECEIVED TO EDUCATE AND ENHANCE THE KNOWLEDGE OF
94	THE GENERAL PUBLIC IN HORTICULTURAL MATTERS AND FOR THE PRESERVATION
102&	OF HORTICULTURAL MATERIALS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	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.		
	*****		2007-05-15
	Signature of officer		Date
	Sharon Chauvin Business Manager		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature Barbara E King	Date 2007-05-04	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Bollus Lynch LLP 10 Mechanic Street Worcester, MA 01608			EIN
				Phone no (508) 755-7107

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the
Treasury
Internal Revenue
Service

Name of the organization
WORCESTER COUNTY HORTICULTURAL SOCIETY

Employer identification number

04-1988945

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CENTERBROOK ARCHITECTS AND PLANNERS PO BOX 955 CENTERBROOK, CT 06409	ARCHITECTS	182,168
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CONSIGLI CONSTRUCTION 197 MAIN STREET MILFORD, MA 01757	BUILDING CONTRACTOR	80,000
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		No
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,364,452	3,135,722	338,689	437,122	5,275,985
16 Membership fees received	312,250	303,325	301,272	303,317	1,220,164
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	756,590	749,154	745,844	809,877	3,061,465
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	385,087	343,155	339,815	339,730	1,407,787
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	14,306	6,612	8,096	1,784	30,798
23 Total of lines 15 through 22	2,832,685	4,537,968	1,733,716	1,891,830	10,996,199
24 Line 23 minus line 17	2,076,095	3,788,814	987,872	1,081,953	7,934,734
25 Enter 1% of line 23	28,327	45,380	17,337	18,918	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 158,695
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 70,167
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 7,934,734
d Add Amounts from column (e) for lines	18 1,407,787	19 0			
	22	26b 70,167			26d 1,508,752
e Public support (line 26c minus line 26d total)					26e 6,425,982
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.98 55 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year	(2005) _____	(2004) _____	(2003) _____	(2002) _____	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005) _____	(2004) _____	(2003) _____	(2002) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Additional Data**Software ID:****Software Version:****EIN:** 04-1988945**Name:** WORCESTER COUNTY HORTICULTURAL SOCIETY**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING	43a	97,722	10,838	86,884	
b DUES AND SUBSCRIPTIONS	43b	4,369		4,369	
c INSURANCE	43c	53,321		53,321	
d LIBRARY EXPENSES	43d	6,393	6,393		
e PROFESSIONAL FEES AND CONTRACT SERVICES	43e	95,502	3,813	91,689	
f REAL ESTATE AND OTHER TAXES	43f	14,843		14,843	
g MISCELLANEOUS	43g	38,695	35,856	2,839	
h TELEPHONE AND UTILITIES	43h	80,725	70,613	10,112	
i SPECIAL EVENTS	43i	74,632	39,713	34,919	
j PRIZES AND AWARDS	43j	1,908	1,908		
k REPAIRS MAINTENANCE SECURITY	43k	62,543	52,230	10,313	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JEREMY F OCONNELL ESQ 7 WILTSHIRE DRIVE WORCESTER, MA 01609	PRESIDENT 2 00	0	0	0
ALLEN A KRAUSE 247 WEST STREET NORTHBORO, MA 01532	TREASURER 2 00	0	0	0
BARBARA M BOOTH 7 PAUL REVERE ROAD WORCESTER, MA 01609	TRUSTEE 2 00	0	0	0
ISABEL K ARMS 30 JULIO DRIVE APT 625 SHREWSBURY, MA 01545	TRUSTEE 2 00	0	0	0
GALE Y MORGAN 19 WHEELER AVENUE WORCESTER, MA 01609	VICE PRESIDENT 2 00	0	0	0
PATRICIA BIGELOW 2 STRAWBERY HILL LANE BOYLSTON, MA 01505	TRUSTEE 2 00	0	0	0
PHILIP C BEALS 2 CHESTNUT HILL ROAD SOUTHBOROUGH, MA 01772	TRUSTEE 2 00	0	0	0
ALLEN D BERRY 69 CROSS STREET BOYLSTON, MA 01505	VICE PRESIDENT 2 00	0	0	0
SCOTT EWING 299 WEST CLOVE ROAD SYRACUSE, NY 13219	TRUSTEE 2 00	0	0	0
KENNETH B HEDENBURG 24 WAYLAND CIRCLE HOLDEN, MA 01520	TRUSTEE 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PETER MEZITT 10 LINDEN STREET HOPKINTON, MA 01748	TRUSTEE 2 00	0	0	0
RICHARD W DEARBORN 500 SOUTH ROAD HOLDEN, MA 01520	TRUSTEE 2 00	0	0	0
PAUL E ROGERS BOX 444 RFD 1 CHARLTON, MA 01507	TRUSTEE 2 00	0	0	0
MARY CALLAHAN 5 MASSACHUSETTS AVE WORCESTER, MA 01609	TRUSTEE 2 00	0	0	0
JOYCE I FULLER 93 BRIARWOOD CIRCLE WORCESTER, MA 01606	TRUSTEE 2 00	0	0	0
MRS BETSY DEMALLIE 13 LOST OAK ROAD WEST BOYLSTON, MA 01583	VICE PRESIDENT 2 00	0	0	0
LAUREN S BAKER 7 BARROWS ROAD SHREWSBURY, MA 01545	TRUSTEE 2 00	0	0	0
MRS MARIJANE TUOHY 105 ALBION ROAD WELLESLEY, MA 02481	ASST TREASURER 2 00	0	0	0
RICHARD K DALE 15 SCHOOL STREET BOYLSTON, MA 01505	TRUSTEE 2 00	0	0	0
LINWOOD ERSKINE 23 TROWBRIDGE RD WORCESTER, MA 01609	TRUSTEE 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL MACH 15 WINTER STREET LINCOLN, MA 01773	TRUSTEE 2 00	0	0	0
JOHN STODDARD 358 DAVIS STREET NORTHBOROUGH, MA 01532	TRUSTEE 2 00	0	0	0
JOHN W TREXLER 16 SCHOOL STREET BOYLSTON, MA 01505	EXECUTIVE DIRECTOR 40 00	106,090	7,819	0
HOWARD PETERSON JR 75 CRESCENT STREET WORCESTER, MA 01605	VICE PRESIDENT 2 00	0	0	0
ELISE B WELLINGTON 66 MALDEN STREET WEST BOYLSTON, MA 01583	TRUSTEE 2 00	0	0	0
HERBERT E BERG 10 EIGHT LOTS ROAD SUTTON, MA 01590	TRUSTEE 2 00	0	0	0
MARLA MAYKEL PYLE 1000 GOODALE STREET WEST BOYLSTON, MA 01583	TRUSTEE 2 00	0	0	0
CUSHING BOZENHARD 257 MAIN STREET SHREWSBURY, MA 01545	TRUSTEE 2 00	0	0	0
GLADYS BOZENHARD 257 MAIN STREET SHREWSBURY, MA 01545	TRUSTEE 2 00	0	0	0
ANTHONY CONSIGLI 111 PURCHASE STREET MILFORD, MA 01757	TRUSTEE 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DIANE DALTON 74 FERNWOOD ROAD CHESTNUT HILL, MA 02467	TRUSTEE 2 00	0	0	0
DALE R HARGER 16 WARD FARM CIRCLE WORCESTER, MA 01602	SECRETARY 2 00	0	0	0
SARAH PETTIT 80 SALISBURY STREET WORCESTER, MA 01609	TRUSTEE 2 00	0	0	0
PHYLLIS POLLACK 27 WESTOOD DRIVE WORCESTER, MA 01609	TRUSTEE 2 00	0	0	0
CHRISTOPHER S REECE 1061 HIGH STREET DEDHAM, MA 02026	TRUSTEE 2 00	0	0	0
SHIRLEY J WILLIAMS 128 BRIGHAM HILL ROAD NORTH GRAFTON, MA 01536	VICE PRESIDENT 2 00	0	0	0
MARILLYN ZACHARIS 72 WOODCHESTER DRIVE WESTON, MA 02493	TRUSTEE 2 00	0	0	0
ANITA HOOKER 100 NEWBURY CT APT 303 CONCORD, MA 01742	TRUSTEE 2 00	0	0	0
GEORGE BERNARDIN 78 NEWTON STREET WEST BOYLSTON, MA 01583	TRUSTEE 2 00	0	0	0
TAY ANN JAY 700 SALISBURY STREET WORCESTER, MA 01609	TRUSTEE 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN JEPPSON 80 LAKE ROAD BROOKFIELD, MA 01506	TRUSTEE 2 00	0	0	0
MARTHA PAPPAS PO BOX 386 AUBURN, MA 01501	TRUSTEE 2 00	0	0	0
RUSSELL WARD NADEAU 13 CROSBY STREET WEBSTER, MA 01570	TRUSTEE 2 00	0	0	0

TY 2006 Depreciation and Depletion Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Asset	Amount
FIXED ASSETS	499,802

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** WORCESTER COUNTY HORTICULTURAL SOCIETY**EIN:** 04-1988945**Gross Sales Price:** 9,726,375**Basis:** 8,939,444**Sales Expenses:** 0**Total (net):** 786,931

TY 2006 Land etc. Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	746,456		746,456
LAND IMPROVEMENTS	3,490,297	1,498,599	1,991,698
BUILDING & IMPROVEMENTS	7,758,989	3,146,364	4,612,625
EQUIPMENT	460,844	395,889	64,955
FURNITURE & FIXTURES	765,184	651,159	114,025
MOTOR VEHICLES	65,953	33,346	32,607
CONSTRUCTION IN PROGRESS	745,880		745,880

TY 2006 Officer Compensation Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

JOHN W TREXLER

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	106,090	7,819	
Fundraising			

TY 2006 Other Changes in Net Assets Schedule**Name:** WORCESTER COUNTY HORTICULTURAL SOCIETY**EIN:** 04-1988945

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	-310,888

TY 2006 Other Expenses Included Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Description	Amount
COST OF GOOD SOLD	561,800

TY 2006 Other Liabilities Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Description	Beginning of Year Amount	End of Year Amount
RENTAL AND SECURITY DEPOSITS	159,208	174,690

TY 2006 Other Revenues Included Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Description	Amount
COST OF GOODS SOLD	561,800

TY 2006 Other Income Schedule

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Description	2003	2002	2001	2000	Total
MISCELLANEOUS	14,306	6,612	8,096	1,784	30,798

TY 2006 Scholarship Award Statement

Name: WORCESTER COUNTY HORTICULTURAL SOCIETY

EIN: 04-1988945

Statement: APPLICANTS FOR SCHOLARSHIPS MUST BE ENTERING THE JUNIOR OR SENIOR YEAR OF AN UNDERGRADUATE OR GRADUATE DEGREE PROGRAM IN HORTICULTURAL OR A HORTICULTURAL RELATED FIELD AND MUST ALSO BE A RESIDENT OF NEW ENGLAND OR ATTENDING A NEW ENGLAND UNIVERSITY OR COLLEGE.