

September 12, 2018

Ms. Beth Francis, President & CEO
Essex County Community Foundation, Inc.
175 Andover Street, Suite 101
Danvers, MA 01923

Dear Ms. Francis:

Enclosed herewith are the information returns for Essex County Community Foundation, Inc. for the period ended June 30, 2018 and copies for your files.

Form 990 has qualified for electronic filing. We have received Form 8879-EO and have submitted your electronic return to the IRS. Do not mail a paper copy of the return.

Form PC-Annual Report should be signed, and dated by the President on pages 40 and 46, and by either the Treasurer or other Fiscal Officer on page 46. Form PC should be mailed to the Office of the Attorney General, Division of Public Charities, One Ashburton Place, Boston, MA 02108. There is an annual filing fee due with this report in the amount of \$500.00.

The Attorney General's Office no longer accepts the check form of payment. Please log onto the Attorney General's website at <https://www.paybill.com/maagocharities> and click on "make payment." Log in using the amount in box 5B on page 2 of Form PC and your six-digit Attorney General account #037581. The AG's website does not accept credit card payments; therefore, you will need to have your bank routing and account numbers on hand to complete the process. **Please insert the electronic payment confirmation number on page 1 of Form PC before mailing. This return is due by November 15, 2018.**

The Massachusetts Non-Profit Corporation Annual Report should be signed and dated by the President. This should be mailed to William Francis Galvin, Secretary of the Commonwealth, Attn.: Annual Report - AR180, One Ashburton Place, Boston, MA 02108-1512. There is a payment due in the amount of \$15.00. Please make the check payable to the Commonwealth of Massachusetts. The return is due by November 1, 2018.

Should you have any questions concerning the enclosed, please feel free to call at your convenience.

Sincerely,

Richard B. Dionne, CPA
Anstiss & Co., P.C.

Encl.: Form 990, Form PC, MA Non-Profit Annual Report

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

OMB No. 1545-0047

2017Open to Public
Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:

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

C Name of organization**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**

Doing business as

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

175 ANDOVER STREET, SUITE 101

Room/suite

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

DANVERS, MA 01923**F** Name and address of principal officer: **BETH FRANCIS****175 ANDOVER STREET, SUITE 101, DANVERS, MA****D** Employer identification number**04-3407816****E** Telephone number**978-777-8876****G** Gross receipts \$ **27,969,872.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.ECCF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1998** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE PHILANTHROPY THAT STRENGTHENS THE 34 CITIES AND TOWNS OF ESSEX COUNTY. THIS WORK IS		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	100
	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 9,377,438.	Current Year 8,656,571.
	9 Program service revenue (Part VIII, line 2g)	52,449.	4,080.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,539,292.	1,510,577.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,155.	-25,684.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,161,334.	10,145,544.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,679,171.	6,493,963.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	640,967.	784,846.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 477,854.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,511,809.	1,804,394.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,831,947.	9,083,203.	
19 Revenue less expenses. Subtract line 18 from line 12	6,329,387.	1,062,341.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 64,426,902.	End of Year 68,768,420.
	21 Total liabilities (Part X, line 26)	12,875,451.	14,674,257.
	22 Net assets or fund balances. Subtract line 21 from line 20	51,551,451.	54,094,163.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	BETH FRANCIS, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	RICHARD B. DIONNE	RICHARD B. DIONNE	09/10/18	P00142882
	Firm's name ▶ ANSTISS & CO., P.C.	Firm's EIN ▶ 04-2917204	Phone no. (978) 452-2500	
	Firm's address ▶ 1115 WESTFORD STREET			
	LOWELL, MA 01851			

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

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

TO INSPIRE PHILANTHROPY THAT STRENGTHENS THE 34 CITIES AND TOWNS OF
 ESSEX COUNTY. THIS WORK IS ACHIEVED BY MANAGING DONORS' CHARITABLE
 FUNDS, STRENGTHENING AND SUPPORTING NONPROFITS AND STUDENTS WITH
 GRANTS AND RESOURCES, AND BRINGING PEOPLE TOGETHER IN COMMUNITY

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

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,070,485. Including grants of \$ 6,493,963.) (Revenue \$ 4,080.)

TO RAISE AND DISTRIBUTE FUNDS FROM THE COMMUNITY FOR THE BENEFIT OF
 CHARITABLE ORGANIZATIONS PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ Including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses ► 8,070,485.

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 63		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **GREATER HORIZONS - 866-719-7886**
1055 BROADWAY BLVD. #130, KANSAS CITY, MO 64105

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) KEVIN M. TIERNEY, SR. VICE-CHAIR	5.00	X		X				0.	0.	0.
(2) DR. PATRICIA MAGUIRE MESERVEY TRUSTEE THRU 06/2018	2.00	X						0.	0.	0.
(3) JOHN COLUCCI TRUSTEE	2.00	X						0.	0.	0.
(4) MATTHEW P. DORING CLERK	5.00	X		X				0.	0.	0.
(5) JONATHAN PAYSON CHAIR	5.00	X		X				0.	0.	0.
(6) STEVEN P. COHEN TRUSTEE	2.00	X						0.	0.	0.
(7) ROBERT R. FANNING, JR. TREASURER	5.00	X		X				0.	0.	0.
(8) SUSAN J. GRAY TRUSTEE THRU 03/2018	2.00	X						0.	0.	0.
(9) THERESA ELLIS TRUSTEE	2.00	X						0.	0.	0.
(10) JOHN KNOWLES TRUSTEE	2.00	X						0.	0.	0.
(11) ROBERT GOLDMAN TRUSTEE	2.00	X						0.	0.	0.
(12) RICHARD YAGJIAN TRUSTEE	2.00	X						0.	0.	0.
(13) JIM A. RULLO TRUSTEE	2.00	X						0.	0.	0.
(14) MOIRA MCNAMARA JAMES TRUSTEE	2.00	X						0.	0.	0.
(15) BEN LANGILLE TRUSTEE	2.00	X						0.	0.	0.
(16) TRACY ABEDON FILOSA TRUSTEE THRU 06/2018	2.00	X						0.	0.	0.
(17) ELIZABETH MOULTON TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) RICHARD SUMBERG TRUSTEE	2.00	X						0.	0.	0.
(19) ROBERT GORE TRUSTEE	2.00	X						0.	0.	0.
(20) CHRISTINE ORTIZ TRUSTEE	2.00	X						0.	0.	0.
(21) BETH FRANCIS PRESIDENT AND CEO	40.00			X				144,750.	0.	2,851.
(22) DAVE EDWARDS PRESIDENT AND CEO THRU 05/2018	40.00			X				164,179.	0.	10,060.
1b Sub-total								308,929.	0.	12,911.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								308,929.	0.	12,911.

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	36,622.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,619,949.			
	g Noncash contributions included in lines 1a-1f: \$		4,871,791.			
	h Total. Add lines 1a-1f		8,656,571.			
	Program Service Revenue	2 a <u>SUMMER FUNDS</u>	Business Code 900099	4,080.	4,080.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			4,080.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,318,950.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		17,979,261.			
	c Gain or (loss)		17,785,605.	2,029.		
	d Net gain or (loss)		193,656.	-2,029.		
	8 a Gross income from fundraising events (not including \$ 36,622. of contributions reported on line 1c). See Part IV, line 18	a	11,010.			
	b Less: direct expenses	b	36,694.			
	c Net income or (loss) from fundraising events		-25,684.			-25,684.
	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.			10,145,544.	4,080.	0.	1,484,893.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,204,803.	6,204,803.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	254,160.	254,160.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	35,000.	35,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,515.	71,411.	70,067.	162,037.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	387,661.	207,975.	93,565.	86,121.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,478.	19,225.	8,112.	13,141.
10 Payroll taxes	53,192.	21,709.	12,486.	18,997.
11 Fees for services (non-employees):				
a Management				
b Legal	1,720.		1,720.	
c Accounting	16,533.		16,533.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,166.	8,166.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	330,411.	260,125.	69,800.	486.
12 Advertising and promotion	28,149.			28,149.
13 Office expenses	101,049.	32,236.	32,240.	36,573.
14 Information technology	76,332.	30,533.	30,533.	15,266.
15 Royalties				
16 Occupancy	72,636.	29,054.	29,055.	14,527.
17 Travel	29,356.	23,484.	2,936.	2,936.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,472.	77,568.	2,178.	726.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,732.	3,093.	3,093.	1,546.
23 Insurance	6,040.	2,416.	2,416.	1,208.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPORT	754,162.	754,162.		
b PROFESSIONAL DEVELOPMENT	132,282.		132,282.	
c OTHER	74,158.	13,944.	6,428.	53,786.
d PRINTING & PUBLICATIONS	55,996.	11,199.	11,199.	33,598.
e All other expenses	29,200.	10,222.	10,221.	8,757.
25 Total functional expenses. Add lines 1 through 24e	9,083,203.	8,070,485.	534,864.	477,854.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,431,360.	1	1,106,199.
	2 Savings and temporary cash investments	544,553.	2	674,370.
	3 Pledges and grants receivable, net	3,444,255.	3	0.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,043.	9	31,900.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 102,862.		
	b Less: accumulated depreciation	10b 96,145.	10c	6,717.
	11 Investments - publicly traded securities	58,970,398.	11	66,949,233.
	12 Investments - other securities. See Part IV, line 11		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)	64,426,902.	16	68,768,419.	
Liabilities	17 Accounts payable and accrued expenses	19,537.	17	67,648.
	18 Grants payable	303,567.	18	290,900.
	19 Deferred revenue		19	10,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,552,347.	25	14,305,708.
	26 Total liabilities. Add lines 17 through 25	12,875,451.	26	14,674,256.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,769,512.	27	50,415,244.
	28 Temporarily restricted net assets	4,428,054.	28	1,133,644.
	29 Permanently restricted net assets	2,353,885.	29	2,545,275.
	Organizations that do not follow SFAS 117 (ASC 958), 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	51,551,451.	33	54,094,163.
34 Total liabilities and net assets/fund balances	64,426,902.	34	68,768,419.	

Form 990 (2017)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,145,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,083,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,062,341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,551,451.
5	Net unrealized gains (losses) on investments	5	2,463,770.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-983,399.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,094,163.

Part XII Financial Statements and Reporting

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

☐

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

Form 990 (2017)

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

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

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

f Enter the number of supported organizations _____

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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8928850.	6404073.	9955771.	9377438.	8656571.	43322703.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8928850.	6404073.	9955771.	9377438.	8656571.	43322703.
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)						2509503.
6 Public support. Subtract line 5 from line 4.						40813200.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	8928850.	6404073.	9955771.	9377438.	8656571.	43322703.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	504,077.	528,263.	614,473.	1015707.	1318950.	3981470.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						47304173.
12 Gross receipts from related activities, etc. (see instructions)					12	1,750,961.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	86.28	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	87.90	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2017

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Inspection**

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

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

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

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

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

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

Name of organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

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

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		9,083,203.													
e Total exempt purpose expenditures (add lines 1c and 1d)		9,083,203.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		604,160.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		151,040.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	450,939.	462,997.	491,597.	604,160.	2,009,693.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,014,540.
c Total lobbying expenditures					
d Grassroots nontaxable amount	112,735.	115,749.	122,899.	151,040.	502,423.
e Grassroots ceiling amount (150% of line 2d, column (e))					753,635.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	110	
2 Aggregate value of contributions to (during year)	2,911,035.	
3 Aggregate value of grants from (during year)	3,721,153.	
4 Aggregate value at end of year	16,288,027.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenue included on 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 XIII.

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,150,630.	8,245,447.	8,740,470.	9,014,185.	7,826,647.
b Contributions	979,390.	1,106,136.	363,604.	608,500.	2,676,117.
c Net investment earnings, gains, and losses	1,056,260.	1,125,724.	-60,824.	119,591.	1,263,705.
d Grants or scholarships					
e Other expenditures for facilities and programs	979,194.	-3,673,323.	797,803.	1,001,806.	2,752,284.
f Administrative expenses					
g End of year balance	15,207,086.	14,150,630.	8,245,447.	8,740,470.	9,014,185.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 75.80 %
 b Permanent endowment ☒ 16.74 %
 c Temporarily restricted endowment ☒ 7.46 %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		102,862.	96,145.	6,717.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,717.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CHARITABLE GIFT ANNUITIES	446,925.	
(3) FUNDS HELD FOR OTHERS	113,326.	
(4) AGENCY ENDOWMENT FUNDS	13,745,457.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,305,708.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,377,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,463,770.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,463,770.
3	Subtract line 2e from line 1	3	8,914,020.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,166.
b	Other (Describe in Part XIII.)	4b	1,223,358.
c	Add lines 4a and 4b	4c	1,231,524.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,145,544.

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

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

1	Total expenses and losses per audited financial statements	1	8,835,078.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	25,684.
e	Add lines 2a through 2d	2e	25,684.
3	Subtract line 2e from line 1	3	8,809,394.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,166.
b	Other (Describe in Part XIII.)	4b	265,643.
c	Add lines 4a and 4b	4c	273,809.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,083,203.

Part XIII Supplemental Information.

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

PART V, LINE 4:

GRANTS AND SCHOLARSHIPS TO BENEFIT THE NON-PROFIT ORGANIZATIONS AND
CITIZENS OF ESSEX COUNTY, MASSACHUSETTS

PART X, LINE 2:

THE FOUNDATION, INCORPORATED UNDER CHAPTER 180 OF THE MASSACHUSETTS
GENERAL LAWS AS A TAX EXEMPT ENTITY, HAS BEEN GRANTED TAX-EXEMPT STATUS
UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS CLASSIFIED AS
OTHER THAN A PRIVATE FOUNDATION AS DEFINED BY SECTION 509(A) OF THE IRC.
THEREFORE, IT IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

THE FOUNDATION HAS ELECTED, UNDER IRC SEC. 501(H) TO MAKE LIMITED EXPENDITURES TO INFLUENCE LEGISLATION. THE FOUNDATION IS SUBJECT TO EXCISE TAX OF 25% ON LOBBYING EXPENDITURES IN EXCESS OF ALLOWABLE LIMITS. EXCISE TAX ON EXCESS LOBBYING EXPENDITURES WAS \$0 FOR THE YEAR ENDING JUNE 30, 2016.

THE FOUNDATION IS REQUIRED BY ASC 740-10, "ACCOUNTING FOR INCOME TAXES," TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF THE FOUNDATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE. THEREFORE, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX EXEMPT NOT-FOR-PROFIT ENTITY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS	1,249,042.
DIRECT FUNDRAISING EXPENSES	-25,684.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,223,358.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES	25,684.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS	265,643.
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**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

ESSEX COUNTY COMMUNITY FOUNDATION, INC.**04-3407816****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
POLAND			GRANTS TO RECIPIENTS LOCATED IN THE REGION		35,000.
3 a Sub-total	0	0			35,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			35,000.

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE USE OF GRANT MONEY IS MONITORED THROUGH A FINAL REPORT DUE USUALLY 13 MONTHS AFTER THE INITIAL AWARD.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 CELEBRATE GIVING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	47,632.			47,632.
2 Less: Contributions	36,622.			36,622.
3 Gross income (line 1 minus line 2)	11,010.			11,010.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	11,010.			11,010.
8 Entertainment				
9 Other direct expenses	25,684.			25,684.
10 Direct expense summary. Add lines 4 through 9 in column (d)				36,694.
11 Net income summary. Subtract line 10 from line 3, column (d)				-25,684.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
04-3407816

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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION, INC. 180 MAIN STREET GLOUCESTER, MA 01930-3749	04-2389332	501(C)(3)	22,600.	0.			GENERAL SUPPORT
ADDISON GILBERT HOSPITAL 298 WASHINGTON STREET GLOUCESTER, MA 01930	04-2121317	501(C)(3)	12,446.	0.			GENERAL SUPPORT
AMTRAH INC. PO BOX 54 WENHAM, MA 01984	27-1214049	501(C)(3)	9,750.	0.			GENERAL SUPPORT
ANDOVER HISTORICAL SOCIETY 97 MAIN STREET ANDOVER, MA 01810-3803	02-0366332	501(C)(3)	174,494.	0.			GENERAL SUPPORT
ANDOVER PUBLIC SCHOOLS 36 BARTLET STREET ANDOVER, MA 10810			142,266.	0.			GENERAL SUPPORT
ANNA JAKUES HOSPITAL 25 HIGHLAND AVENUE NEWBURYPORT, MA 01950		501(C)(3)	21,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							87.
3 Enter total number of other organizations listed in the line 1 table							28.

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

Schedule I (Form 990) (2017)

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
ARMAND HAMMER UNITED WORLD COLLEGE OF THE AMERICAN WEST - PO BOX 248 - MONTEZUMA, NM 87731	85-0297355		10,000.	0.			GENERAL SUPPORT
ATLANTIC SALMON FEDERATION 14 MAINE STREET, SUITE 406 BRUNSWICK, ME 04011	13-2618801	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457-0310	04-2103544		100,000.	0.			GENERAL SUPPORT
BACKYARD GROWERS 269 MAIN STREET GLOUCESTER, MA 01930	47-1553021	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BARTON CENTER FOR DIABETES EDUCATION - 30 ENNIS ROAD - NORTH OXFORD, MA 01537-0356	22-2701822		40,104.	0.			GENERAL SUPPORT
BATES COLLEGE 2 ANDREWS ROAD LEWISTON, ME 04240	01-0211781	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BELLESINI ACADEMY PO BOX 1021 LAWRENCE, MA 01842	53-0196617		40,000.	0.			GENERAL SUPPORT
BEVERLY BOOTSTRAPS COMMUNITY SERVICES, INC. - 35 PARK STREET - BEVERLY, MA 01915	04-3254507	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEYOND SOCCER 280 MERRIMACK STREET, #309 LAWRENCE, MA 01843	45-0648718	501(C)(3)	22,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
BOSTON UNIVERSITY GRADUATE SCHOOL OF MANAGEMENT - 595 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2103547		20,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE, MA 01841	23-7296824	501(C)(3)	35,000.	0.			GENERAL SUPPORT
BUILDING A BETTER BEVERLY INC. 191 CABOT STREET BEVERLY, MA 01915	27-4670630	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CENTERBOARD INC 16 CITY HALL SQUARE LYNN, MA 01901	04-3019658	501(C)(3)	16,500.	0.			GENERAL SUPPORT
COLD HOLLOW TO CANADA INC PO BOX 406 MONTGOMRY CENTER, VT 05471	36-4717953	501(C)(3)	8,000.	0.			GENERAL SUPPORT
COMMUNITY ACTION, INC. 3 WASHINGTON SQUARE, STE. 4 HAVERHILL, MA 01830	04-2383153	501(C)(3)	16,500.	0.			GENERAL SUPPORT
COMMUNITY DAY CHARTER PUBLIC SCHOOL - 190 HAMPSHIRE STREET - LAWRENCE, MA 01840	04-2473133		188,432.	0.			GENERAL SUPPORT
COMPASS WORKING CAPITAL 89 SOUTH STREET, SUITE 804 BOSTON, MA 02111	20-3975100	501(C)(3)	21,000.	0.			GENERAL SUPPORT
CONNECTICUT CHILDRENS MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	22-2619869	501(C)(3)	76,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CROSSROADS FOR KIDS INC 119 MYRTLE STREET DUXBURY, MA 02332	04-2103837	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	75,000.	0.			GENERAL SUPPORT
EAST ED PO BOX 13473 CHICAGO, IL 60613	52-2316894	501(C)(3)	18,000.	0.			GENERAL SUPPORT
EMMAUS, INC. P.O. BOX 568 HAVERHILL, MA 01831	22-2702774		18,000.	0.			GENERAL SUPPORT
ENDICOTT COLLEGE 376 HALE STREET BEVERLY, MA 01915	04-2103567	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ENVIRONMENT AMERICA RESEARCH AND POLICY CENTER INC. - 294 WASHINGTON STREET, SUITE 500 - BOSTON, MA 02108	13-4339865	501(C)(3)	75,000.	0.			GENERAL SUPPORT
ESSEX ART CENTER 56 ISLAND STREET LAWRENCE, MA 01840	04-3238501	501(C)(3)	9,000.	0.			GENERAL SUPPORT
ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVENUE ESSEX, MA 04266-4297	04-2664297	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
EVELYN LILLY LITZ FOUNDATION 550 BUILDING, SUITE 6500 BEVERLY, MA 01915	04-2103885	501(C)(3)	110,000.	0.			GENERAL SUPPORT
EXPRESS YOURSELF 100 CUMMINGS CENTER, SUITE 165E BEVERLY, MA 01915	04-3294365	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILIES FOR DEPRESSION AWARENESS 395 TOTTEN POND ROAD WALTHAM, MA 02451	04-3546730	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FAMILY CONTINUITY - PEABODY CLINIC 9 CENTENNIAL DRIVE PEABODY, MA 01960	04-2867023	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILY HEALTH PROJECT FUND, INC 42 SEA STREET MANCHESTER, MA 01944	81-4999393		244,838.	0.			GENERAL SUPPORT
FAMILY SERVICES OF THE MERRIMACK VALLEY - 430 N CANAL STREET - LAWRENCE, MA 01840	04-2104054	501(C)(3)	27,000.	0.			GENERAL SUPPORT
FRANCISCAN HOSPITAL FOR CHILDREN INC - 30 WARREN STREET - BRIGHTON, MA 02135	04-2156082		15,000.	0.			GENERAL SUPPORT
FRIENDS OF BEVERLY RECREATION & YOUTH SERVICES INC - PO BOX 691 - BEVERLY, MA 01810	04-3191960	501(C)(3)	7,066.	0.			GENERAL SUPPORT
FRIENDS OF THE MAD RIVER PO BOX 255 WAITSFIELD, VT 05673	03-0348974		8,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
FUNDACJA SENDZIMIRA KIELECKA 16/4 02 WARSAW, POLAND			35,000.	0.			GENERAL SUPPORT
GLOBALGIVING FOUNDATION INC. 1110 VERMONT AVE., NW SUITE 550 WASHINGTON, DC 20005	30-0108263	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GOVERNOR DUMMER ACADEMY ONE ELM STREET BYFIELD, MA 01922	04-2103564	501(C)(3)	5,500.	0.			GENERAL SUPPORT
GREATER LAWRENCE COMMUNITY ACTION COUNCIL INC. - 305 ESSEX STREET - LAWRENCE, MA 01840	04-2397449	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GREATER LAWRENCE COMMUNITY BOATING PROGRAM - 1 EATON STREET - LAWRENCE, MA 01840	04-2671824	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GROUNDWORK LAWRENCE FAMILY HEALTH CENTER, INC. - 50 ISLAND STREET, SUITE 101 - LAWRENCE, MA 01840	04-3546770	501(C)(3)	30,750.	0.			GENERAL SUPPORT
HARBORLIGHT COMMUNITY PARTNERS 283 ELIOT STREET, PO BOX 507 BEVERLY, MA 01915	04-2313571	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HARBORLIGHT-STONERIDGE MONTESSORI SCHOOL - 243 ESSEX STREET - BEVERLY, MA 01915	04-2680395	501(C)(3)	8,900.	0.			GENERAL SUPPORT
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	13-3573852	501(C)(3)	10,000.	0.			GENERAL SUPPORT
IMMIGRANT CITY ARCHIVES INC (LAWRENCE HISTORY CENTER) - 6 ESSEX STREET - LAWRENCE, MA 01840	04-2651157	501(C)(3)	180,494.	0.			GENERAL SUPPORT
IPSWICH RIVER WATERSHED ASSOCIATION - PO BOX 576 - IPSWICH, MA 01938	04-2615125	501(C)(3)	15,000.	0.			GENERAL SUPPORT
JEANNE GRIGER CRISIS CENTER 2 HARRIS STREET NEWBURYPORT, MA 01950	22-2474823	501(C)(3)	15,000.	0.			GENERAL SUPPORT
JEWISH FAMILY & CHILDREN'S SERVICE 1430 MAIN STREET WALTHAM, MA 02451	04-2104356	501(C)(3)	17,745.	0.			GENERAL SUPPORT
LAZARUS HOUSE INC. 412 HAMPSHIRE STREET LAWRENCE, MA 01841	04-2755382	501(C)(3)	18,000.	0.			GENERAL SUPPORT
LAWRENCE COMMUNITY WORKS, INC. 168 NEWBURY STREET LAWRENCE, MA 01841	04-2982308	501(C)(3)	7,000.	0.			GENERAL SUPPORT
LAWRENCE FAMILY DEVELOPMENT CHARTER SCHOOL - 34 WEST STREET - LAWRENCE, MA 01841	04-3177142	501(C)(3)	13,500.	0.			GENERAL SUPPORT
LAWRENCE GENERAL HOSPITAL ONE GENERAL STREET LAWRENCE, MA 01842-0389	04-2103586	501(C)(3)	45,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
LEAP FOR EDUCATION, INC. 35 CONGRESS STREET, SUITE 102 SALEM, MA 01970	47-1445061	501(C)(3)	12,000.	0.			GENERAL SUPPORT
LETS GET READY INC 89 SOUTH STREET, SUITE 401 BOSTON, MA 02111	31-1698832	501(C)(3)	7,000.	0.			GENERAL SUPPORT
LIFEBRIDGE INC. 56 MARGIN STREET SALEM, MA 01970	20-4539306		25,000.	0.			GENERAL SUPPORT
LUNG TRANSPLANT FUND AT UNIVERSITY OF N. CAROLINA AT CHAPEL HILL - 3009 BURNETT WOMACK BUILDING, CB 7206 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LYNN COMMUNITY HEALTH INC 269 UNION STREET LYNN, MA 01901	04-2525066		50,000.	0.			GENERAL SUPPORT
LYNN ECONOMIC OPPORTUNITY INC. 156 BORAD STREET LYNN, MA 01910	04-2378885	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LYNN PUBLIC SCHOOLS 100 BENNETT STREET LYNN, MA 01905-3004			247,122.	0.			GENERAL SUPPORT
MAINE COMMUNITY FOUNDATION 245 MAIN STREET ELLSWORTH, ME 04605-1613	01-0391479	501(C)(3)	14,968.	0.			GENERAL SUPPORT
MARITIME GLOUCESTER 23 HARBOR LOOP GLOUCESTER, MA 01930	04-3480870	501(C)(3)	5,030.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
MERRIMACK VALLEY HABITAT FOR HUMANITY - 60 ISLAND STREET, 2ND FLOOR EAST - LAWRENCE, MA 01840	22-2672831	501(C)(3)	10,000.	0.			GENERAL SUPPORT
METHUEN ARLINGTON NEIGHBORHOOD, INC. - 141 TENNEY STREET PO BOX 715 - METHUEN, MA 01844	04-3265830	501(C)(3)	7,500.	0.			GENERAL SUPPORT
METHUEN YMCA 129 HAVERHILL STREET METHUEN, MA 01844	04-2104378	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOON BALLOON PROJECT, INC. 23 CEDAR STREET HINGHAM, MA 02043	20-1524202		25,000.	0.			GENERAL SUPPORT
MONTASERRAT COLLEGE OF ART 23 ESSEX STREET BEVERELY, MA 01915	52-1859814	501(C)(3)	95,000.	0.			GENERAL SUPPORT
MUSIC AT EDEN'S EDGE PO BOX 5483 BEVERLY, MA 01915	04-2780636	501(C)(3)	12,000.	0.			GENERAL SUPPORT
NEEDYMEDS INC 50 WHITTEMORE STREET GLOUCESTER, MA 01931	46-3091990	501(C)(3)	14,000.	0.			GENERAL SUPPORT
NORTH ANDOVER HISTORICAL SOCIETY 153 ACADEMY ROAD NORTH ANDOVER, MA 01845-4037	04-2259628	501(C)(3)	182,260.	0.			GENERAL SUPPORT
NORTH SHORE COMMUNITY ACTION PROGRAMS, INC. - 119 REAR FOSTER STREET - PEABODY, MA 01960	04-2385280	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
NORTH SHORE ELDER SERVICES 300 ROSEWOOD DRIVE, SUITE 200 DANVERS, MA 01923	04-2595072	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NORTHEAST HOSPITAL CORPORATION 85 HERRICK STREET BEVERLY, MA 01915	04-2121317		15,000.	0.			GENERAL SUPPORT
NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER, VT 05602	01-0729039		8,000.	0.			GENERAL SUPPORT
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817		50,000.	0.			GENERAL SUPPORT
PARENTS HELPING PARENTS 108 WATER STREET WATERTOWN, MA 02474	04-2657321	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE, 3RD FLOOR BOSTON, MA 02215	04-3567502	501(C)(3)	24,000.	0.			GENERAL SUPPORT
PATHWAYS FOR CHILDREN 29 EMERSON AVENUE GLOUCESTER, MA 01930-2660	04-2694002	501(C)(3)	19,000.	0.			GENERAL SUPPORT
PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	04-2279977	501(C)(3)	5,500.	0.			GENERAL SUPPORT
PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM, MA 01970	04-2104844	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE INC. - 186 MAIN STREET, STE 34 - GLOUCESTER, MA 01930	47-4235159	501(C)(3)	135,000.	0.			GENERAL SUPPORT
PRESIDENT & TRUSTEES OF COLBY COLLEGE - 4120 MAYFLOWER HILL DRIVE - WATERVILLE, ME 04901	01-0211497	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914-1724	05-0258934	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RAW ART WORKS 7 LAFAYETTE TERRACE NAHANT, MA 01908	22-2854850	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ROOT NS INC 35 CONGRESS STREET SALEM, MA 01970	47-5454938	501(C)(3)	170,000.	0.			GENERAL SUPPORT
RUSSIAN COMMUNITY ASSOCIATION OF MASSACHUSETTS - 20 WHEELER STREET SUITE 401 - LYNN, MA 01902	04-3102943		15,000.	0.			GENERAL SUPPORT
SALEM PUBLIC SCHOOLS 29 HIGHLAND AVENUE SALEM, MA 01970			133,369.	0.			GENERAL SUPPORT
SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	926,892.	0.			GENERAL SUPPORT
SOUTH CHURCH IN ANDOVER 41 CENTRAL STREET ANDOVER, MA 01810			7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
SPECIAL OLYMPICS INC. 1133 19TH STREET, NW WASHINGTON, DC 20036	52-0889518	501(C)(3)	24,000.	0.			GENERAL SUPPORT
TEACH FOR AMERICA - MASSACHUSETTS 60 CANAL STREET, 5TH FLOOR BOSTON, MA 02114	13-3541913	501(C)(3)	7,000.	0.			GENERAL SUPPORT
THE CABOT 286 CABOT STREET BEVERLY, MA 01915	47-1431634	501(C)(3)	370,000.	0.			GENERAL SUPPORT
THE OCEAN FOUNDATION 1320 19TH STREET, NW 5TH FLOOR WASHINGTON, DC 20036-9405	71-0863908	501(C)(3)	30,000.	0.			GENERAL SUPPORT
TIMANOUS FOUNDATION 23 PAWSON ROAD BRANFORD, CT 06405	35-2580434		40,000.	0.			GENERAL SUPPORT
TOWN OF GEORGETOWN 51 NORTH STREET GEORGETOWN, MA 01833			10,000.	0.			GENERAL SUPPORT
TOWN OF ROCKPORT 34 BROADWAY ROCKPORT, MA 01966	04-6001282		50,000.	0.			GENERAL SUPPORT
TOWN OF SWAMPSCOTT 22 MONUMENT AVENUE SWAMPSCOTT, MA 01907			110,000.	0.			GENERAL SUPPORT
TOXICS ACTION CENTER INC. 294 WASHINGTON STREET, SUITE 130 BOSTON, MA 02108	04-3211693	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
TRUSTEES OF RESERVATION 572 ESSEX STREET BEVERLY, MA 01915	04-2105780	501(C)(3)	30,000.	0.			GENERAL SUPPORT
TUFIS MEDICAL CENTER/REID R SACCO AYA CLINIC FOR CANCERS ADN BLOOD DISEASE - 800 WASHINGTON STREET, SUITE 345 - BOSTON, MA 02111	04-3400617	501(C)(3)	144,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON PO BOX 3247 HOUSTON, TX 77253	74-1167964	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VERMONT NATURAL RESOURCES COUNCIL INC. - 9 BAILEY AVENUE - MONTPELIER, VT 05602	03-0223731		8,000.	0.			GENERAL SUPPORT
VNA CARE NETWORK, INC. 199 ROSEWOOD DRIVE, SUITE 180 DANVERS, MA 01923	04-2103825	501(C)(3)	19,156.	0.			GENERAL SUPPORT
WORLD RESOURCES INSTITUTE 10 G STREET NE, SUITE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YMCA OF METRO NORTH 2 CENTENNIAL DRIVE, SUITE 4A PEABODY, MA 01960	04-2105883	501(C)(3)	17,500.	0.			GENERAL SUPPORT
YMCA OF THE NORTH SHORE INC. 245 CABOT STREET BEVERLY, MA 01915	04-2104913	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YOUTH DEVELOPMENT ORGANIZATION, INC. - 15 UNION STREET #563 - LAWRENCE, MA 01840	04-3571721	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	226	254,160.	0.		

Part IV

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

PART I, LINE 2:

WE MONITOR GRANT USE PRIMARILY THROUGH A FINAL REPORT DUE USUALLY 13 MONTHS AFTER THE INITIAL AWARD. THE FINAL REPORT REQUIRES A LIST OF ALL EXPENSES TO THE GRANT. IN THE CASE OF MULTIPLE YEAR GRANTS, WE REQUIRE INTERIM REPORTS EACH YEAR PRIOR TO RELEASING THE NEXT GRANT. WE GENERALLY CONDUCT SITE VISITS TO THE PROGRAM PRIOR TO MAKING A GRANT. SITE VISITS ARE MADE DURING THE SUMMER AFTER AWARDS ARE MADE. THESE ARE ROTATED SO THAT EVERY PROGRAM IS VISITED ABOUT EVERY 3-4 YEARS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2017

Part III **Supplemental Information**

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

PART I, LINE 3:

THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL

STUDIES FOR GUIDANCE. BOARD APPROVED COMPENSATION IS DOCUMENTED IN AN

EMPLOYMENT CONTRACT.

PART I, LINE 5:

THE PRESIDENT RECEIVES A BONUS BASED ON MEETING CERTAIN ORGANIZATIONAL

GOALS.

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

OMB No. 1545-0047

2017

Open To Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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	33	1,486,791.	QUOTED MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VIDEO)	X	1	5,000.	PURCHASE PRICE
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

ACHIEVED BY MANAGING DONORS' CHARITABLE FUNDS, STRENGTHENING AND
SUPPORTING NONPROFITS AND STUDENTS WITH GRANTS AND RESOURCES, AND
BRINGING PEOPLE TOGETHER IN COMMUNITY LEADERSHIP WORK THAT EFFECTS
CHANGE IN ESSEX COUNTY.

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

LEADERSHIP WORK THAT EFFECTS CHANGE IN ESSEX COUNTY.

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

THE CFO REVIEWS THE RETURN THEN SENDS IT TO THE TREASURER FOR REVIEW. A
COPY IS SENT TO EACH BOARD MEMBER BEFORE THE RETURN IS REVIEWED AND SIGNED
BY THE CEO THEN FILED.

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

THE CHAIR OF EVERY COMMITTEE IS RESPONSIBLE FOR BRINGING THE POLICY TO THE
ATTENTION OF THE COMMITTEE PRIOR TO EVERY VOTE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL
STUDIES FOR GUIDANCE. NO OTHER OFFICERS RECEIVED COMPENSATION FOR FY 2018.

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

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

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

NET CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS

-983,399.

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. 179**ESSEX COUNTY COMMUNITY FOUNDATION, INC. FORM 990 PAGE 10****04-3407816****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,732.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	7,732.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year ...						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2017 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2017 tax year

43

44 **Total.** Add amounts in column (f). See the instructions for where to report

44

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/17 to 06/30/18Attorney General's Account #: 037581Federal ID #: 04-3407816

Electronic Payment Confirmation #: _____

When did the organization first engage in
charitable work in Massachusetts?01/28/1998Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ No

If yes, date of application OR date of determination letter:

06/01/1998

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☒ Yes ☐ No**Check all items attached
(if applicable)**

- ☒ Filing Fee or Printout of
Electronic Payment
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

Organization DataName: ESSEX COUNTY COMMUNITY FOUNDATION, INC.Mailing Address: 175 ANDOVER STREET, SUITE 101City: DANVERSState: MAZIP: 01923Phone Number: 978-777-8876Fax Number: 978-777-9454Email: B.FRANCIS@ECCF.COMWebsite: WWW.ECCF.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
 Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	5	Organization Purpose Code 1	6
Type of Organization (Table 2)	20	Organization Purpose Code 2	60

Please check box if final return prior to dissolution: ☐

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 01/28/1998

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	8,656,571.
B.	Gross support and revenue	9,953,917.
C.	Program services and similar amounts paid out	8,070,485.
D.	Fundraising expenses	477,854.
E.	Management and general expenses	534,864.
F.	Payments to affiliates	0.
G.	Total expenses	9,083,203.
H.	Net assets or fund balances at the end of the year	54,094,163.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	CRYSTAL BATES DIRECTOR OF DEVELOPMENT AND COMM	40.00	72,533.	1,326.	9,189.
2.	DAVID EDWARDS FORMER PRESIDENT	40.00	141,040.	2,362.	7,698.
3.	BETH FRANCIS PRESIDENT AND CEO	40.00	149,564.	2,851.	0.
4.	CAROL SCHUSTER ASSISTANT VP PHILANTHROPY	40.00	88,829.	1,920.	0.
5.	JOAN HENKELS DONOR SERVICES OFFICER	40.00	56,100.	1,056.	7,698.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	MS. REBECCA TURNER	53,325.	IFT (INSTITUTE FOR TRUSTEES)
2.	MICHELLE CURRAN	28,960.	COMMUNICATIONS
3.	RICHARD CROWLEY	59,479.	CFO
4.	BERNADETTE ORR	38,500.	DIRECTOR (NSCHN)
5.	MY PRINT & COPY	25,666.	PRINTER

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: BETH FRANCIS

Street Address: 175 ANDOVER STREET

City: DANVERS State: MA ZIP Code: 01923

Phone Number: 978-777-8876

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

☐ Yes ☒ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
NAME AND ADDRESS	PHONE NUMBER		
BANK OF AMERICA 100 FEDERAL STREET BOSTON, MA 02110	617-434-4551		
CAMBRIDGE APPLETON TRUST 45 MILK STREET BOSTON, MA 02109	617-441-4250		
GOLDMAN SACHS 125 HIGH STREET BOSTON, MA 02110-2704	617-204-2014		
UMB FINANCIAL SERVICES 4900 MAIN STREET, SUITE 700 KANSAS CITY, MO 64112			
PEOPLES BANK 25 RAILROAD AVENUE SOUTH HAMILTON, MA 01982	800-894-0300		

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
NAME AND ADDRESS	TITLE		
DAVE EDWARDS 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	PRESIDENT AND CEO THRU 05/20		
BETH FRANCIS 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	PRESIDENT AND CEO		
KEVIN M. TIERNEY, SR. 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	VICE-CHAIR		
DR. PATRICIA MAGUIRE MESERVEY 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE THRU 06/2018		
JOHN COLUCCI 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE		

MATTHEW P. DORING 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	CLERK
JONATHAN PAYSON 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	CHAIR
STEVEN P. COHEN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
ROBERT R. FANNING, JR. 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TREASURER
SUSAN J. GRAY 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE THRU 03/2018
THERESA ELLIS 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
JOHN KNOWLES 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
ROBERT GOLDMAN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
RICHARD YAGJIAN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
JIM A. RULLO 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
MOIRA MCNAMARA JAMES 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
BEN LANGILLE 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE
TRACY ABEDON FILOSA 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE THRU 06/2018
ELIZABETH MOULTON 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	TRUSTEE

RICHARD SUMBERG
175 ANDOVER STREET, SUITE 101
DANVERS, MA 01923

TRUSTEE

ROBERT GORE
175 ANDOVER STREET, SUITE 101
DANVERS, MA 01923

TRUSTEE

CHRISTINE ORTIZ
175 ANDOVER STREET, SUITE 101
DANVERS, MA 01923

TRUSTEE

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

DAVID EDWARDS
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR CUSTODY OF FUNDS

BOARD OF TRUSTEES
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR FUNDRAISING

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR CUSTODY OF FUNDS

DAVID EDWARDS
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR FUNDRAISING

DAVID EDWARDS
175 ANDOVER STREET
DANVERS, MA 01923

CUSTODY OF FINANCIAL RECORDS

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

MICHELLE PELLITIER
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

RICK CROWLEY
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

DEBBIE WILKERSON
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

BRENDA CHUMLEY
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

GREATER HORIZONS
1055 BROADWAY BLVD. #130
KANSAS CITY, MO 64105

CUSTODY OF FINANCIAL RECORDS

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATEMENT 4

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

AIDS CARE OCEAN STATE
18 PARKIS AVENUE
PROVIDENCE, RI 02907

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESS

AMOS HOUSE
460 PINE STREET
PROVIDENCE, RI 02907

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESS

ANDOVER COMMITTEE FOR A BETTER CHANC
PO BOX 212
ANDOVER, MA 01810-0004

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

3,500.

PROCEDURE FOLLOWED

BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

ANDOVER HISTORICAL SOCIETY
97 MAIN STREET
ANDOVER, MA 01810

NATURE OF TRANSACTION

GRANTS TO ORGS WHO ARE CLIENTS OF ONE OF ECCF'S BOARD
MEMBERS

AMOUNT INVOLVED

179,494.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MA 02184

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

3,537.

PROCEDURE FOLLOWED

BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

BEVERLY BOOTSTRAPS
198 RANTOUL STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHO ARE CLIENTS OF ONE OF ECCF'S BOARD MEMBERS

AMOUNT INVOLVED

14,750.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

FAMILY SERVICES OF MERRIMACK VALLEY
430 N CANAL STREET
LAWRENCE, MA 01840

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

28,500.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

FIRST CONGREGATIONAL
12 SCHOOL STREET
ROCKPORT, MA 01966

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESS

BOSTON CHILDREN'S HOSPITAL
300 LONGWOOD AVENUE
BOSTON, MA 02115

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESS

BOSTON UNIVERSITY GR
595 COMMONWEALTH AVENUE
BOSTON, MA 02215

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS
GRANTS TO ORGS

AMOUNT INVOLVED

20,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESS

BROOKWOOD SCHOOL
1 BROOKWOOD ROAD
MANCHESTER, MA 01944

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

PATHWAYS FOR CHILDREN
163 CABOT ST
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

30,500.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

WELLSPRING HOUSE
302 ESSEX AVE
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

GRANTS TO ORGS WHO ARE CLIENTS OF ONE OF ECCF'S BOARD
MEMBERS

AMOUNT INVOLVED

16,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

DAVID EDWARDS
175 ANDOVER STREET
DANVERS, MA 01923

NATURE OF TRANSACTION

SALARY AND BENEFITS

AMOUNT INVOLVED

151,100.

PROCEDURE FOLLOWED

THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL S
TUDIES FOR GUIDANCE.

NAME AND ADDRESS

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

NATURE OF TRANSACTION

SALARY AND BENEFITS

AMOUNT INVOLVED

152,415.

PROCEDURE FOLLOWED

THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL STUDIES FOR GUIDANCE.

NAME AND ADDRESS

BABSON COLLEGE
231 FOREST STREET
BABSON PARK, MA 02457

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

113,220.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

BEVERLY HOSPITAL/CON
85 HERRICK STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

BEVERLY / NORTH EAST HOSPITAL

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

5,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESSBOYS AND GIRLS CLUB OF LAWRENCE
136 WATER STREET
LAWRENCE, MA 01841NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

46,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESSBROOKS SCHOOL
1160 GREAT POND ROAD
NORTH ANDOVER, MA 01845NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

4,500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTIES ABSTAINED

NAME AND ADDRESS

COMPASS WORKING CAPITAL
89 SOUTH STREET, SUITE 804
BOSTON, MA 02111

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

9,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

DORCAS INTERNATIONAL INSTITUTE OF RI
645 ELMWOOD AVENUE
PROVIDENCE, RI 02907

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

852.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

GLOUCESTER UNITARIAN

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,720.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

GREEN MOUNTAIN HORSE ASSOCIATION INC
PO BOX 8
SOUTH WOODSTOCK, VA 05071

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

HABITAT FOR HUMANITY
121 HABITAT STREET
AMERICUS, GA 31709-3498

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

5,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

HOME HEALTH FOUNDATION
360 MERRIMACK STREET, BLDG. 9
LAWRENCE, MA 01843

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

250.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

HABORLIGHT COMMUNITY
283 ELLIOT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

17,500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

HARVARD UNIVERSITY
86 BRATTLE STREET
CAMBRIDGE, MA 02138

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

75,100.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

IMPACT ESSEX COUNTY ENDOWMENT FUND

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

250,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

INSTITUTE FOR THE STUDY AND PRACTICE
265 OXFORD STREET
PROVIDENCE, RI 02905

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

KIPP MASSACHUSETTS INC
90 HIGH ROCK STREET
LYNN, MA 01902

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

LANDMARK SCHOOL
P.O. BOX 227
PRIDES CROSSING, MA 01965

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

5,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

MAINE COMMUNITY FOUNDATION
245 MAIN STREET
ELLSWORTH, ME 04605-1613

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

15,218.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

MALDEN CATHOLIC HIGHSCHOOL
99 CRYSTAL STREET
MALDEN, MA 02148

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

MERRIMACK REPERTORY THEATRE
132 WARREN STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

MERRIMACK VALLEY GENERAL FUND

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

25,000.

PROCEDURE FOLLOWED

BOARD VOTE, RELATED PARTY ABSTAINED

NAME AND ADDRESSRAW ART WORKS
37 CENTRAL SQUARE, 2ND FLOOR
LYNN, MA 01901NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

7,700.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESSESSEX COUNTY GREENBELT ASSOCIATION
82 EASTERN AVENUE
ESSEX, MA 01929NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

22,925.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

EVELYN LILLY LUTZ FOUNDATION
500 BUILDING, SUITE 6500
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

115,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

MERRIMACK VALLEY HABITAT FOR HUMANIT
60 ISLAND STREET, 2ND FL EAST
LAWRENCE, MA 01840

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

15,500.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

MERRIMACK VALLEY YMCA
101 AMESBURY STREET, 4TH FLOOR
LAWRENCE, MA 01840

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

17,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

MONTSERRAT COLLEGE OF ART
23 ESSEX STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

99,535.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

NORTH PARISH CHURCH
190 ACADEMY ROAD
NORTH ANDOVER, MA 01845

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

600.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

NORTH SHORE COMMUNITY COLLEGE
1 FERNCROFT ROAD
DANVERS, MA 01923-0840

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

25,500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

NORTH SHORE COMMUNITY COLLEGE FOUNDA
1 FERNCROFT ROAD
DANVERS, MA 01923

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

2,750.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

NORTHERN ESSEX COMMUNITY COLLEGE
100 ELLIOTT STREET
HAVERHILL, MA 01830

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

152,433.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

OPEN DOOR CAPE ANN FOOD PANTRY, INC.
28 EMERSON AVENUE
GLOUCESTER, MA 01930-2555

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

20,120.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

PROCTOR ACADEMY
PO BOX 500
ANDOVER, NH 03216

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

PINGREE SCHOOL
537 HIGHLAND STREET
METHUEN, MA 01844

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

10,490.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

PREP AT PINGREE SCHOOL
537 HIGHLAND STREET
METHUEN, MA 01844

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

11,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

PLUMMER HOME FOR BOYS
37 WINTER ISLAND ROAD
SALEM, MA 01970

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

16,750.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

ROCKPORT MUSIC
37 MAIN STREET
ROCKPORT, MA 01966

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

SALEM STATE UNIVERSITY FOUNDATION
352 LAFAYETTE STREET
SALEM, MA 01970

NATURE OF TRANSACTION

GRANTS TO ORGS WHO ARE CLIENTS OF ONE OF ECCF'S BOARD MEMBERS

AMOUNT INVOLVED

13,500.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

FUNDACJA SENDZIMIRA
KIELECKA 16/4
02-550 WARSAW

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

35,000.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

YMCA NORTH SHORE - BEVERLY
245 CABOT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHO ARE CLIENTS OF ONE OF ECCF'S BOARD
MEMBERS

AMOUNT INVOLVED

50,857.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

ROOT NS INC
35 CONGRESS STREET
SALEM, MA 01970

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

204,607.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

TRUSTEES OF RESERVATIONS
572 ESSEX STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

31,100.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

NAME AND ADDRESS

FAMILY HEALTH PROJECT FUND, INC.
42 SEA STREET
MANCHESTER, MA 01944

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

247,338.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

GEORGE WASHINGTON UNIVERSITY
2121 1ST STREET, NW
WASHINGTON, DC 20052

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

1,500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

WOMEN'S RESERVE FUND

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

ROCKHURST UNIVERSITY
1100 ROCKHURST ROAD
KANSAS CITY, MO 64110

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

ROCKHURST HIGHSCHOOL
9301 STATE LINE ROAD
KANSAS CITY, MO 64114-9981

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

ROTARY CLUB OF ANDOVER CHARITABLE TR
P.O. BOX 1152
ANDOVER, MA 01810

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

3,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

SALVES REGINA UNIVERS
100 OCHRE POINT AVENUE
NEWPORT, RI 02840

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

6,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

SAINT PHILOMENA SCHOOL
324 CORY'S LANE
PORTSMOUTH, RI 02871

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

SOUTH CHURCH IN ANDOVER
41 CENTRAL STREET
ANDOVER, MA 01810

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

10,500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

SPECIAL OLYMPICS INC
100 CONIFER HILL DRIVE
DANVERS, MA 01923

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

24,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

TEMPLE AHAVAT ACHIM
86 MIDDLE STREET
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

1,533.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

SPECIAL OLYMPICS OF MA
100 CONIFER HILL DRIVE
DANVERS, MA 01923

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

250.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

SAINT MICHAEL SCHOOL
80 MAPLE AVENUE
NORTH ANDOVER, MA 01845

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

TOWN OF ROCKPORT
34 BROADWAY
ROCKPORT, MA 01966

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD
MEMBERS

AMOUNT INVOLVED

50,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

THIRD SECTOR NEW ENGLAND
89 SOUTH STREET
BOSTON, MA 02111-2670

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

5,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

TOWN OF SWAMPSCOTT
22 MONUMENT AVENUE
SWAMPSCOTT, MA 01907

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

110,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

UASPIRE
31 MILK STREET, SUITE 900
BOSTON, MA 02109

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

4,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

UNIVERSITY OF MASS BOSTON
100 WILLIAM T MORRISSEY BLVD
BOSTON, MA 02125

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

2,050.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

UNIVERSITY OF MASS DARTMOUTH
285 OLD WESTPORT ROAD
NORTH DARTMOUTH, MA 02747

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

450.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

UNIVERSITY OF MASSACHUSETTS AMHERST
181 PRESIDENT DRIVE
AMHERST, MA 01003

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

28,450.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

UNIVERSITY OF MASSACHUSETTS LOWELL
220 PAWTUCKET STREET
LOWELL, MA 01854-2874

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

31,863.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

UNIVERSITY OF NOTRE DAME
115 MAIN BUILDING
NOTRE DAME, IN 46556

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

WBUR
890 COMMONWEALTH AVENUE
BOSTON, MA 02215

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

WINDRUSH FARM THERAPY
479 LACY STREET
NORTH ANDOVER, MA 01845-3381

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

8,500.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

EMERSON COLLEGE
120 BOYLSTON STREET
BOSTON, MA 02116

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

7,521.

PROCEDURE FOLLOWED

BOARD VOTE, RELATED PARTY ABSTAINED

NAME AND ADDRESS

WOMEN FUND OF THE ESSEX COUNTY

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

6,000.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

YMCA NORTH SHORE
245 CABOT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

5,830.

PROCEDURE FOLLOWED

BOARD VOTE RELATED PARTY ABSTAINED

NAME AND ADDRESS

FUND FOR THE FOUNDATION

NATURE OF TRANSACTION

GRANTS TO ORGS WHOSE BOARD MEMBERS ARE ALSO ECCF BOARD MEMBERS

AMOUNT INVOLVED

220,920.

PROCEDURE FOLLOWED

ECCF BOARD VOTE, RELATED PARTIES ABSTAINED

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: BETH FRANCIS

Title: PRESIDENT

Name of Preparer: ANSTISS & CO., P.C.

Address 1115 WESTFORD STREET

City LOWELL State MA ZIP Code 01851

Phone Number (978) 452-2500

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DAVID EDWARDS

Name and Title: FORMER PRESIDENT

Address 175 ANDOVER STREET

City DANVERS

State MA

ZIP Code 01923

ENTIRE BOARD OF TRUSTEES

Name and Title: _____

Address 175 ANDOVER STREET

City DANVERS

State MA

ZIP Code 01923

BETH FRANCIS

Name and Title: PRESIDENT

Address 175 ANDOVER STREET

City DANVERS

State MA

ZIP Code 01923

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DAVID EDWARDS

Name and Title: FORMER PRESIDENT

Address 175 ANDOVER STREET

City DANVERS

State MA

ZIP Code 01923

ENTIRE BOARD OF TRUSTEES

Name and Title: _____

Address 175 ANDOVER STREET

City DANVERS

State MA

ZIP Code 01923

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BETH FRANCIS

Name and Title: PRESIDENT

Address 175 ANDOVER STREET

City DANVERS State MA ZIP Code 01923

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ENTIRE BOARD OF TRUSTEES

Name and Title: _____

Address 175 ANDOVER STREET

City DANVERS State MA ZIP Code 01923

BETH FRANCIS

Name and Title: PRESIDENT

Address 175 ANDOVER STREET

City DANVERS State MA ZIP Code 01923

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

ENTIRE BOARD OF TRUSTEES

Name and Title: _____

Address 175 ANDOVER STREET

City DANVERS State MA ZIP Code 01923

BETH FRANCIS

Name and Title: PRESIDENT

Address 175 ANDOVER STREET

City DANVERS State MA ZIP Code 01923

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: BETH FRANCIS

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: ROBERT R. FANNING, JR.

Title: TREASURER

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

ANNUAL REPORT

Filing Fee: \$15.00

M.G.L. Ch.180
Corporation
Annual Report

IDENTIFICATION

Filing for November 1, 20 18

NO. 04-3407816

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: Essex County Community Foundation, Inc.

2. ADDRESS: 175 Andover Street, Suite 101

Danvers, MA 01923
(city or town) (number) (street) (state) (zip)

3. DATE OF THE LAST ANNUAL MEETING: June 7, 2018

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	Jonathon Payson	175 Andover Street, Suite 101 Danvers, MA 01923	Until
Treasurer:	Robert Fanning	175 Andover Street, Suite 101 Danvers, MA 01923	Successors
Clerk: (or Secretary)	Matthew Doring	175 Andover Street, Suite 101 Danvers, MA 01923	are Duly
Directors: (or Officers having the powers of Directors)	See attached list		elected.

I, the undersigned _____ being the _____ of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____ day of _____, 20 18.

Signature: _____ Title: _____

Contact Person: Beth Francis Contact Person Telephone #: 978-777-8876

Essex County Community Foundation, Inc.
FEIN: 04-3407816
Board of Directors
June 30, 2018

Beth Francis, President & CEO
175 Andover Street,
Danvers, MA 01923

Jonathan Payson, Chair
175 Andover Street,
Danvers, MA 01923

Robert R. Fanning, Jr., Treasurer
175 Andover Street
Danvers, MA 01923

Matthew Doring, Clerk
175 Andover Street
Danvers, MA 01923

Jim A. Rullo, Trustee
175 Andover Street
Danvers, MA 01923

Moirá McNamara James, Trustee
175 Andover Street
Danvers, MA 01923

Kevin M. Tierney, Sr., Trustee
175 Andover Street
Danvers, MA 01923

Robert Gore, Trustee
175 Andover Street
Danvers, MA 01923

Richard L. Sumberg, Trustee
175 Andover Street
Danvers, MA 01923

Steven P. Cohen, Trustee
175 Andover Street
Danvers, MA 01923

John Knowles, Trustee
175 Andover Street
Danvers, MA 01923

Robert P. Goldman, Trustee
175 Andover Street
Danvers, MA 01923

Elizabeth Moulton, Trustee
175 Andover Street
Danvers, MA 01923

Ben Langille, Trustee
175 Andover Street
Danvers, MA 01923

Richard Yagjian, Trustee
175 Andover Street
Danvers, MA 01923

John Colucci, Trustee
175 Andover Street
Danvers, MA 01923

Christine Ortiz, Trustee
175 Andover Street
Danvers, MA 01923