

**Form 990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

|   |  |  |
|---|--|--|
| <b>B Check if applicable:</b>                             | <b>C Name of organization</b>  | <b>D Employer identification number</b>  |
| <input type="checkbox"/> Address change                   | ESSEX COUNTY COMMUNITY FOUNDATION, INC.  | 04-3407816   |
| <input type="checkbox"/> Name change                      | Doing business as  | <b>E Telephone number</b>  |
| <input type="checkbox"/> Initial return                   | Number and street (or P.O. box if mail is not delivered to street address)   | 978-777-8876   |
| <input type="checkbox"/> Final return/terminated          | 175 ANDOVER STREET, SUITE 101  | Room/suite   |
| <input type="checkbox"/> Amended return                   | City or town, state or province, country, and ZIP or foreign postal code   |  |
| <input type="checkbox"/> Application pending              | DANVERS MA 01923   | <b>G Gross receipts\$</b> 32,519,700   |
| <b>F Name and address of principal officer:</b>           |  | <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M ELIZABETH FRANCIS<br>175 ANDOVER ST<br>DANVERS MA 01923 |  | <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|   |  | If "No," attach a list. See instructions   |
| <b>I Tax-exempt status:</b>                               | <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |
| <b>J Website:</b>   | ► <a href="http://WWW.ECCF.ORG">WWW.ECCF.ORG</a>   |  |
| <b>K Form of organization:</b>                            | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►               | <b>L Year of formation:</b> 1998 <b>M State of legal domicile:</b> MA  |

**Part I Summary**

|                                    |   |
|------------------------------------|---|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities:<br><br>SEE SCHEDULE O   |
|                                    | 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)   |
|                                    | 4 Number of independent voting members of the governing body (Part VI, line 1b)   |
|                                    | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  |
|                                    | 6 Total number of volunteers (estimate if necessary)  |
|                                    | 7a Total unrelated business revenue from Part VIII, column (C), line 12   |
|                                    | b Net unrelated business taxable income from Form 990-T, Part I, line 11  |
| <b>Revenue</b>                     | 8 Contributions and grants (Part VIII, line 1h)   |
|                                    | 9 Program service revenue (Part VIII, line 2g)  |
|                                    | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |
|                                    | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |
|                                    | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |
| <b>Expenses</b>                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)   |
|                                    | 14 Benefits paid to or for members (Part IX, column (A), line 4)  |
|                                    | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  |
|                                    | 16a Professional fundraising fees (Part IX, column (A), line 11e)   |
|                                    | b Total fundraising expenses (Part IX, column (D), line 25) ► 359,070   |
|                                    | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   |
|                                    | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |
|                                    | 19 Revenue less expenses. Subtract line 18 from line 12   |
| <b>Net Assets or Fund Balances</b> | 20 Total assets (Part X, line 16)   |
|                                    | 21 Total liabilities (Part X, line 26)  |
|                                    | 22 Net assets or fund balances. Subtract line 21 from line 20   |

| Prior Year                       | Current Year |
|----------------------------------|--------------|
| 26,469,643                       | 23,527,609   |
| 176,446                          | 344,573      |
| 6,083,609                        | 4,542,065    |
| 32,729,698                       | 28,414,247   |
| 17,931,656                       | 14,399,277   |
| 1,267,987                        | 1,658,844    |
| 1,822,987                        | 2,407,972    |
| 21,022,630                       | 18,466,093   |
| 11,707,068                       | 9,948,154    |
| <b>Beginning of Current Year</b> |              |
| 127,248,695                      | 116,029,343  |
| 19,644,247                       | 18,186,798   |
| 107,604,448                      | 97,842,545   |
| <b>End of Year</b>               |              |

**Part II Signature Block**

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

|                               |  |  |                         |   |                   |
|-------------------------------|--|--|-------------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>ALLAN HUNTLEY</b>   | Date                                     |                         |   |                   |
|                               | Type or print name and title                   | TREASURER                                |                         |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JAYNE A. ANDREWS | Preparer's signature<br>JAYNE A. ANDREWS | Date<br>09/28/22        | Check <input type="checkbox"/> if self-employed | PTIN<br>P00514653 |
|                               | Firm's name ► ANSTISSL CO., P.C.               |  | Firm's EIN ► 04-2917204 |   |                   |
|                               | 6 OMNI WAY, SUITE 201                          |  |                         |   |                   |
|                               | Firm's address ► CHELMSFORD, MA 01824-4141     |  |                         | Phone no.                                       | 978-452-2500      |

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2021)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1 Briefly describe the organization's mission:  
SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 \$ 16,892,671 including grants of \$ 14,399,277 ) (Revenue \$ 344,573 )**  
**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 \$ ..... )**  
**N/A**

**4c (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )**  
**N/A**

**4d Other program services (Describe on Schedule O.)**

(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**4e Total program service expenses ► 16,892,671**

**Part IV Checklist of Required Schedules**

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....  | 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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 Rev. Proc. 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 donor-restricted endowments or in 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?   |            |           |
| 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 ..... | 14a 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 .....   | 14b 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 .....   | 15 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. See instructions .....   | 16 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 .....   | 17 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 .....   | 18 X       |           |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....   | 19 X       |           |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  | 20a X      |           |
| 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? If "Yes," complete Schedule I, Parts I and II .....  | 20b X      |           |
|   | 21 X       |           |

Form 990 (2021) ESSEX COUNTY COMMUNITY  
**Part IV Checklist of Required Schedules (continued)**

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- 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? If "Yes," complete Schedule I, Parts I and III .....
- 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? If "Yes," complete Schedule J .....
- 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....
- 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? If "Yes," complete Schedule L, Part I .....
- 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? If "Yes," complete Schedule L, Part I .....
- 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....
- 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....
- 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):
- a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....
- b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....
- c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....
- 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? If "Yes," complete Schedule R, Part I .....
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....
- 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)? If "Yes," complete Schedule R, Part V, line 2 .....
- 36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....
- 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? If "Yes," complete Schedule R, Part VI .....
- 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.

|     | Yes | No |
|-----|-----|----|
| 22  |     | X  |
| 23  | X   |    |
| 24a |     | X  |
| 24b |     |    |
| 24c |     |    |
| 24d |     |    |
| 25a | X   |    |
| 25b | X   |    |
| 26  | X   |    |
| 27  | X   |    |
| 28a |     | X  |
| 28b | X   |    |
| 28c |     | X  |
| 29  | X   |    |
| 30  |     | X  |
| 31  | X   |    |
| 32  |     | X  |
| 33  | X   |    |
| 34  |     | X  |
| 35a | X   |    |
| 35b |     |    |
| 36  |     | X  |
| 37  |     | X  |
| 38  | X   |    |

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

- 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....
- 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....

| 1a | 79 |
|----|----|
| 1b | 0  |
| 1c | X  |

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

|  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....  | <b>2a</b>  | 19                                  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                | <b>2b</b>  | <input checked="" type="checkbox"/> |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | <b>3a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....   | <b>3b</b>  |                                     |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... | <b>4a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," enter the name of the foreign country ►<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....  |            |                                     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  | <b>5a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....  | <b>5b</b>  | <input checked="" type="checkbox"/> |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....   | <b>5c</b>  |                                     |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    | <b>6a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....   |            |                                     |
| <b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>  | <b>7b</b>  | <input checked="" type="checkbox"/> |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....   | <b>7c</b>  | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....   | <b>7d</b>  |                                     |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....  |            |                                     |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....   |            |                                     |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....   |            |                                     |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  |            |                                     |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....  |            |                                     |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....  |            |                                     |
| <b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....  | <b>8</b>   | <input checked="" type="checkbox"/> |
| <b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>  | <b>9a</b>  | <input checked="" type="checkbox"/> |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....  | <b>9b</b>  | <input checked="" type="checkbox"/> |
| <b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:   | <b>10a</b> |                                     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....  | <b>10b</b> |                                     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....   |            |                                     |
| <b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:  | <b>11a</b> |                                     |
| <b>a</b> Gross income from members or shareholders .....   | <b>11b</b> |                                     |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....   |            |                                     |
| <b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....   | <b>12a</b> |                                     |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....   | <b>12b</b> |                                     |
| <b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  | <b>13a</b> |                                     |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |            |                                     |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....   | <b>13b</b> |                                     |
| <b>c</b> Enter the amount of reserves on hand .....  | <b>13c</b> |                                     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....  | <b>14a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....   | <b>14b</b> |                                     |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   | <b>15</b>  | <input checked="" type="checkbox"/> |
| If "Yes," see instructions and file Form 4720, Schedule N. .....   |            |                                     |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  | <b>16</b>  | <input checked="" type="checkbox"/> |
| If "Yes," complete Form 4720, Schedule O. .....  |            |                                     |
| <b>17</b> <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....                              | <b>17</b>  |                                     |
| If "Yes," complete Form 6069. .....  |            |                                     |

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

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

### Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year .....  
 If there are material differences in voting rights among members of the governing body, or  
 if the governing body delegated broad authority to an executive committee or similar  
 committee, explain on Schedule O.
- 1b Enter the number of voting members included on line 1a, above, who are independent .....  
 1a 18
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  
 any other officer, director, trustee, or key employee? .....  
 2 X
- 3 Did the organization delegate control over management duties customarily performed by or under the direct  
 supervision of officers, directors, trustees, or key employees to a management company or other person? .....  
 3 X
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....  
 4 X
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....  
 5 X
- 6 Did the organization have members or stockholders? .....  
 6 X
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint  
 one or more members of the governing body? .....  
 7a X
- b Are any governance decisions of the organization reserved to (or subject to approval by) members,  
 stockholders, or persons other than the governing body? .....  
 7b X
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body? .....  
 b Each committee with authority to act on behalf of the governing body? .....  
 8a X  
 8b X
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  
 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. .....  
 9 X

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

- 10a Did the organization have local chapters, branches, or affiliates? .....  
 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? .....  
 10a X
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  
 b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  
 11a X
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  
 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  
 describe on Schedule O how this was done .....  
 12a X  
 12b X  
 12c X
- 13 Did the organization have a written whistleblower policy? .....  
 13 X
- 14 Did the organization have a written document retention and destruction policy? .....  
 14 X
- 15 Did the process for determining compensation of the following persons include a review and approval by  
 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official .....  
 b Other officers or key employees of the organization .....  
 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  
 15a X  
 15b X
- 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?  
 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? .....  
 16a X  
 16b X

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► MA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)  
 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  
 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 GREATER HORIZONS  
 KANSAS CITY  
 1055 BROADWAY BLVD. #130  
 MO 64105  
 866-719-7886

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                     | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-2/<br>1099-MISC/<br>1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related organizations |
|-----------------------|--|--|-----------------------|---------|--------------|---------------------|--|---|--|
|                       |  | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Highest compensated |  |   |  |
| (1) MOIRA McNAMARA    | JAMES<br>1.00<br>0.00  | X  |                       |         |              |                     | 0  | 0   | 0  |
| CHAIR OF DEVELOPMENT  |  |  |                       |         |              |                     |  |   |  |
| (2) JAMES A. RULLO    | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| CHAIR OF INVESTMENT   |  |  |                       |         |              |                     |  |   |  |
| (3) RICHARD YAGJIAN   | 1.00<br>0.00   | X  | X                     |         |              |                     | 0  | 0   | 0  |
| VICE-PRESIDENT        |  |  |                       |         |              |                     |  |   |  |
| (4) ROBERT GOLDMAN    | 1.00<br>0.00   | X  | X                     |         |              |                     | 0  | 0   | 0  |
| CLERK                 | 0.00   | X  | X                     |         |              |                     | 0  | 0   | 0  |
| (5) BEN LANGILLE      | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| TRUSTEE               |  |  |                       |         |              |                     |  |   |  |
| (6) JOHN COLUCCI      | 2.00<br>0.00   | X  | X                     |         |              |                     | 0  | 0   | 0  |
| CHAIRMAN              |  |  |                       |         |              |                     |  |   |  |
| (7) RICHARD SUMBERG   | 1.00<br>0.00   | X  | X                     |         |              |                     | 0  | 0   | 0  |
| CHAIR OF GOVERNANCE   |  |  |                       |         |              |                     |  |   |  |
| (8) ROBERT GORE       | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| TRUSTEE               |  |  |                       |         |              |                     |  |   |  |
| (9) CHRISTINE ORTIZ   | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| TRUSTEE               |  |  |                       |         |              |                     |  |   |  |
| (10) DEREK REED       | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| TRUSTEE               |  |  |                       |         |              |                     |  |   |  |
| (11) JEAN VERBRIDGE   | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| TRUSTEE               |  |  |                       |         |              |                     |  |   |  |

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

| (A)<br>Name and title  | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                     | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-2/<br>1099-MISC/<br>1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related organizations |
|--|--|--|-----------------------|---------|--------------|---------------------|--|---|--|
|  |  | Former<br>or director<br>or trustee  | Institutional trustee | Officer | Key employee | Highest compensated |  |   |  |
| (12) PAMELA SCOTT<br>TRUSTEE                                   | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| (13) ALLAN HUNTLEY<br>TREASURER                                | 1.00<br>0.00   | X  | X                     |         |              |                     | 0  | 0   | 0  |
| (14) ANITA WORDEN<br>TRUSTEE                                   | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| (15) ANA COLMENERO<br>TRUSTEE                                  | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| (16) KIAME MAHANIAH<br>TRUSTEE                                 | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| (17) JON PAYSON<br>TRUSTEE                                     | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| (18) AMY KINGMAN<br>TRUSTEE                                    | 1.00<br>0.00   | X  |                       |         |              |                     | 0  | 0   | 0  |
| (19) M ELIZABETH FRANCIS<br>PRESIDENT AND CEO                  | 40.00<br>0.00  |  | X                     |         |              |                     | 182,346  | 0   | 6,147  |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                     | <b>182,346</b>   |   | <b>6,147</b>   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                     | <b>503,239</b>   |   | <b>62,370</b>  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                     | <b>685,585</b>   |   | <b>68,517</b>  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 5

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| ARCHIPELAGO STRATEGIES GROUP   | MARKETING                      | 681,625             |
| GREATER HORIZON  | ACCOUNTING                     | 109,404             |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
| 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 ► | 2                              |                     |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

|   |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|---|----------------|----------------------|--|--------------------------------------|---|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                         |                |                      |  |                                      |   |
| 1a Federated campaigns .....  | 1a             |                      |  |                                      |   |
| b Membership dues .....   | 1b             |                      |  |                                      |   |
| c Fundraising events .....  | 1c             |                      |  |                                      |   |
| d Related organizations .....   | 1d             |                      |  |                                      |   |
| e Government grants (contributions) .....   | 1e             | 1,735,265            |  |                                      |   |
| f All other contributions, gifts, grants,<br>and similar amounts not included above ..... | 1f             | 21,792,344           |  |                                      |   |
| g Noncash contributions included in<br>lines 1a-1f .....                                  | 1g             | \$ 5,373,862         |  |                                      |   |
| h Total. Add lines 1a-1f .....  |                | ► 23,527,609         |  |                                      |   |
| <b>Program Service<br/>Revenue</b>  |                | Business Code        |  |                                      |   |
| 2a RISING TOGETHER AND IFT .....  | 900099         | 345,878              | 345,878                                      |                                      |   |
| b SUMMER FUNDS .....  |                | -1,305               | -1,305                                       |                                      |   |
| c .....   |                |                      |  |                                      |   |
| d .....   |                |                      |  |                                      |   |
| e .....   |                |                      |  |                                      |   |
| f All other program service revenue .....   |                |                      |  |                                      |   |
| g Total. Add lines 2a-2f .....  |                | ► 344,573            |  |                                      |   |
| 3 Investment income (including dividends, interest, and<br>other similar amounts) .....   |                | ► 1,993,842          |  |                                      | 1,993,842   |
| 4 Income from investment of tax-exempt bond proceeds .....                                |                | ►                    |  |                                      |   |
| 5 Royalties .....   |                | ►                    |  |                                      |   |
| 6a Gross rents .....  | (i) Real       | (ii) Personal        |  |                                      |   |
| 6a  |                |                      |  |                                      |   |
| b Less: rental expenses .....   | 6b             |                      |  |                                      |   |
| c Rental inc. or (loss) .....   | 6c             |                      |  |                                      |   |
| d Net rental income or (loss) .....   |                | ►                    |  |                                      |   |
| 7a Gross amount from<br>sales of assets<br>other than inventory .....                     | (i) Securities | (ii) Other           |  |                                      |   |
| 7a  | 6,653,676      |                      |  |                                      |   |
| b Less: cost or other<br>basis and sales exps. .....                                      | 7b             | 4,105,453            |  |                                      |   |
| c Gain or (loss) .....  | 7c             | 2,548,223            |  |                                      |   |
| d Net gain or (loss) .....  |                | ► 2,548,223          |  |                                      | 2,548,223   |
| 8a Gross income from fundraising events<br>(not including \$ .....                        |                |                      |  |                                      |   |
| of contributions reported on line<br>1c). See Part IV, line 18 .....                      | 8a             |                      |  |                                      |   |
| b Less: direct expenses .....   | 8b             |                      |  |                                      |   |
| c Net income or (loss) from fundraising events .....                                      |                | ►                    |  |                                      |   |
| 9a Gross income from gaming<br>activities. See Part IV, line 19 .....                     | 9a             |                      |  |                                      |   |
| b Less: direct expenses .....   | 9b             |                      |  |                                      |   |
| c Net income or (loss) from gaming activities .....                                       |                | ►                    |  |                                      |   |
| 10a Gross sales of inventory, less<br>returns and allowances .....                        | 10a            |                      |  |                                      |   |
| b Less: cost of goods sold .....  | 10b            |                      |  |                                      |   |
| c Net income or (loss) from sales of inventory .....                                      |                | ►                    |  |                                      |   |
| <b>Miscellaneous<br/>Revenue</b>  |                | Business Code        |  |                                      |   |
| 11a .....   |                |                      |  |                                      |   |
| b .....   |                |                      |  |                                      |   |
| c .....   |                |                      |  |                                      |   |
| d All other revenue .....   |                |                      |  |                                      |   |
| e Total. Add lines 11a-11d .....  |                | ►                    |  |                                      |   |
| 12 Total revenue. See instructions .....  |                | ► 28,414,247         | 344,573                                      | 0                                    | 4,542,065   |

**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 

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....  | 14,364,277            | 14,364,277                         |   |                                |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                    |   |                                |
| 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 .....  | 392,639               | 133,497                            | 204,173                                   | 54,969                         |
| 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 .....  | 1,044,956             | 355,286                            | 543,376                                   | 146,294                        |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....  | 30,158                | 10,254                             | 15,682                                    | 4,222                          |
| 9 Other employee benefits .....   | 86,178                | 29,300                             | 44,813                                    | 12,065                         |
| 10 Payroll taxes .....  | 104,913               | 35,670                             | 54,555                                    | 14,688                         |
| 11 Fees for services (nonemployees):  |                       |                                    |   |                                |
| a Management .....  |                       |                                    |   |                                |
| b Legal .....   | 9,319                 |                                    | 9,319                                     |                                |
| c Accounting .....  | 18,528                |                                    | 18,528                                    |                                |
| d Lobbying .....  |                       |                                    |   |                                |
| e Professional fundraising services. See Part IV, line 17 .....   |                       |                                    |   |                                |
| f Investment management fees .....  | 9,902                 | 9,902                              |   |                                |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .....  | 1,120,986             | 1,009,540                          | 111,013                                   | 433                            |
| 12 Advertising and promotion .....  |                       |                                    |   |                                |
| 13 Office expenses .....  | 201,838               | 68,624                             | 104,957                                   | 28,257                         |
| 14 Information technology .....   | 67,310                | 22,886                             | 35,001                                    | 9,423                          |
| 15 Royalties .....  |                       |                                    |   |                                |
| 16 Occupancy .....  | 103,784               | 35,287                             | 53,967                                    | 14,530                         |
| 17 Travel .....   | 10,073                | 3,425                              | 5,238                                     | 1,410                          |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....   |                       |                                    |   |                                |
| 19 Conferences, conventions, and meetings .....   | 67,122                | 67,122                             |   |                                |
| 20 Interest .....   |                       |                                    |   |                                |
| 21 Payments to affiliates .....   |                       |                                    |   |                                |
| 22 Depreciation, depletion, and amortization .....  | 3,648                 | 1,240                              | 1,897                                     | 511                            |
| 23 Insurance .....  | 7,119                 | 2,420                              | 3,702                                     | 997                            |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....  |                       |                                    |   |                                |
| a PROJECT SUPPORT .....   | 708,941               | 708,941                            |   |                                |
| b OTHER FUNDRAISING EXPENSE .....   | 71,271                |                                    |   | 71,271                         |
| c PROFESSIONAL DEVELOPMENT .....  | 8,131                 |                                    | 8,131                                     |                                |
| d .....   |                       |                                    |   |                                |
| e All other expenses .....  |                       |                                    |   |                                |
| 25 Total functional expenses. Add lines 1 through 24e .....   | 18,466,093            | 16,892,671                         | 1,214,352                                 | 359,070                        |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) ..... |                       |                                    |   |                                |

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | 1 Cash—non-interest-bearing .....   | 2,532,466                | 1           | 2,028,422          |
|   | 2 Savings and temporary cash investments .....  | 169,202                  | 2           | 16,256             |
|   | 3 Pledges and grants receivable, net .....  |                          | 3           |                    |
|   | 4 Accounts receivable, net .....  | 345,413                  | 4           | 317,505            |
|   | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | 5           |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | 6           |                    |
|   | 7 Notes and loans receivable, net .....   |                          | 7           |                    |
|   | 8 Inventories for sale or use .....   |                          | 8           |                    |
|   | 9 Prepaid expenses and deferred charges .....   | 20,726                   | 9           | 17,334             |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 118,612                  |             |                    |
|   | b Less: accumulated depreciation .....  | 104,751                  | 10c         | 13,861             |
|   | 11 Investments—publicly traded securities .....   | 124,170,121              | 11          | 113,635,965        |
|   | 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          |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 127,248,695   | 16                       | 116,029,343 |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 134,615                  | 17          | 179,709            |
|   | 18 Grants payable .....   | 355,560                  | 18          | 344,566            |
|   | 19 Deferred revenue .....   | 2,500                    | 19          |                    |
|   | 20 Tax-exempt bond liabilities .....  |                          | 20          |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21          |                    |
|   | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | 22          |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23          |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....   |                          | 24          |                    |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 19,151,572               | 25          | 17,662,523         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....  | 19,644,247               | 26          | 18,186,798         |
| <b>Net Assets or Fund Balances</b>  | Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>  |                          |             |                    |
|   | and complete lines 27, 28, 32, and 33.  |                          |             |                    |
|   | 27 Net assets without donor restrictions .....  | 99,546,274               | 27          | 91,261,580         |
|   | 28 Net assets with donor restrictions .....   | 8,058,174                | 28          | 6,580,965          |
|   | Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/>  |                          |             |                    |
|   | and complete lines 29 through 33.   |                          |             |                    |
|   | 29 Capital stock or trust principal, or current funds .....   |                          | 29          |                    |
|   | 30 Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 30          |                    |
|   | 31 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 31          |                    |
|   | <b>32 Total net assets or fund balances</b> .....   | 107,604,448              | 32          | 97,842,545         |
| <b>33 Total liabilities and net assets/fund balances</b> .....            | 127,248,695   | 33                       | 116,029,343 |                    |

Form 990 (2021)

**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  | 28,414,247  |
| 2 Total expenses (must equal Part IX, column (A), line 25)  | 2  | 18,466,093  |
| 3 Revenue less expenses. Subtract line 2 from line 1  | 3  | 9,948,154   |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4  | 107,604,448 |
| 5 Net unrealized gains (losses) on investments  | 5  | -18,051,485 |
| 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 on Schedule O)  | 9  | -1,658,572  |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 97,842,545  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  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? \_\_\_\_\_

If the organization changed either its oversight process or selection process during the tax year, explain on 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? \_\_\_\_\_

- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a | X   |    |
| 3b | X   |    |

Form 990 (2021)

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

| (A)<br>Name and title   | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-2/<br>1099-MISC/<br>1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related organizations |
|---|--|--|-----------------------|---------|--------------|---------------------------------|--|---|--|
|   |  | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee |  |   |  |
| (20) STRATTON LLOYD   | 40.00  |  |                       | X       |              |                                 |  |   |  |
| COO   | 0.00   |  |                       |         |              |                                 | 150,679  | 0   | 19,685   |
| (21) STACEY LANDRY  | 40.00  |  |                       |         |              |                                 |  |   |  |
| DIR. OF STRAT.GIVING  | 0.00   |  |                       |         | X            |                                 | 127,840  | 0   | 4,297  |
| (22) CAROL SCHUSTER   | 40.00  |  |                       |         |              |                                 |  |   |  |
| VP FOR GRANTS   | 0.00   |  |                       |         | X            |                                 | 100,201  | 0   | 18,254   |
| (23) J. BRITTON HUTCHINS                                      | 40.00  |  |                       |         |              |                                 |  |   |  |
| CFO   | 0.00   |  |                       |         | X            |                                 | 124,519  | 0   | 20,134   |
| .....   | .....  | .....  | .....                 | .....   | .....        | .....                           | .....  | .....   | .....  |
| 1b Subtotal .....   |  |  |                       |         |              |                                 | 503,239  |   | 62,370   |
| c Total from continuation sheets to Part VII, Section A ..... |  |  |                       |         |              |                                 |  |   |  |
| d Total (add lines 1b and 1c) .....                           |  |  |                       |         |              |                                 |  |   |  |

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 ►

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

|   | Yes | No |
|---|-----|----|
| 3 |     |    |
| 4 |     |    |
| 5 |     |    |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| .....  | .....                          | .....               |
| .....  | .....                          | .....               |
| .....  | .....                          | .....               |
| .....  | .....                          | .....               |
| .....  | .....                          | .....               |
| 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 ► |                                |                     |

**SCHEDULE A**  
**(Form 990)**

# Public Charity Status and Public Support

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

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

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

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

Schedule A (Form 990) 2021

**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) 2017  | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total  |
|---|-----------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 8,656,571 | 11,882,258 | 23,816,873 | 12,947,079 | 14,427,769 | 71,730,550 |
| 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 <b>Total.</b> Add lines 1 through 3 .....   | 8,656,571 | 11,882,258 | 23,816,873 | 12,947,079 | 14,427,769 | 71,730,550 |
| 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) ..... |           |            |            |            |            | 2,870,630  |
| 6 <b>Public support.</b> Subtract line 5 from line 4 .....  |           |            |            |            |            | 68,859,920 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017  | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total                  |
|--|-----------|------------|------------|------------|------------|----------------------------|
| 7 Amounts from line 4 .....  | 8,656,571 | 11,882,258 | 23,816,873 | 12,947,079 | 14,427,769 | 71,730,550                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 1,318,950 | 1,724,532  | 1,990,415  | 1,716,037  | 1,993,842  | 8,743,776                  |
| 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 <b>Total support.</b> Add lines 7 through 10 .....  |           |            |            |            |            | 80,474,326                 |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |           |            |            |            | 12         | 523,497                    |
| 13 <b>First 5 years.</b> 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 2021 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | 85.57 %                               |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 .....   | 15 | 86.50 %                               |
| 16a <b>33 1/3% support test—2021.</b> 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 <b>33 1/3% support test—2020.</b> 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 <b>10%-facts-and-circumstances test—2021.</b> 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 <b>10%-facts-and-circumstances test—2020.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | ► <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....   |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....  |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|   |           |                          |
|---|-----------|--------------------------|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....  | <b>17</b> | %                        |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....  | <b>18</b> | %                        |
| <b>19a</b> <b>33 1/3% support tests—2021.</b> 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 .....         | ►         | <input type="checkbox"/> |
| <b>b</b> <b>33 1/3% support tests—2020.</b> 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 ..... | ►         | <input type="checkbox"/> |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....  | ►         | <input type="checkbox"/> |

**Part IV****Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.  
  
1
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).  
  
2
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.  
  
3a
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.  
  
3b
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.  
  
3c
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in **Part I**, answer lines 4b and 4c below.  
  
4a
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.  
  
4b
- 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)? 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.  
  
4c
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).  
  
5a
- 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?  
  
5b
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?  
  
5c
- 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? If "Yes," provide detail in **Part VI**.  
  
6
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990).  
  
7
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I** of Schedule L (Form 990).  
  
8
- 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))? If "Yes," provide detail in **Part VI**.  
  
9a
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.  
  
9b
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.  
  
9c
- 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)? If "Yes," answer line 10b below.  
  
10a
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  
  
10b

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - A family member of a person described on line 11a above?
  - A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

|     | Yes | No |
|-----|-----|----|
| 11a |     |    |
| 11b |     |    |
| 11c |     |    |

**Section B. Type I Supporting Organizations**

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

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |

**Section C. Type II Supporting Organizations**

- 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).

|   | Yes | No |
|---|-----|----|
| 1 |     |    |

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

- 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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 |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- 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.

|    | Yes | No |
|----|-----|----|
| 3a |     |    |
| 3b |     |    |

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

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

**Section A – Adjusted Net Income**

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

**Section B – Minimum Asset Amount**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a Average monthly value of securities   | 1a             |                                |
| b Average monthly cash balances   | 1b             |                                |
| c Fair market value of other non-exempt-use assets  | 1c             |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                                |
| e Discount claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                                      |                |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3 Subtract line 2 from line 1d.   | 3              |                                |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6 Multiply line 5 by 0.035.   | 6              |                                |
| 7 Recoveries of prior-year distributions  | 7              |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                                |

**Section C – Distributable Amount**

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**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— <i>provide details in Part VI</i> )   |  |                             |  |
| 6 Other distributions ( <i>describe in Part VI</i> ). See instructions.   |  |                             |  |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |  |                             |  |
| 8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.                             |  |                             |  |
| 9 Distributable amount for 2021 from Section C, line 6  |  |                             |  |
| 10 Line 8 amount divided by line 9 amount   |  |                             |  |
| Section E – Distribution Allocations (see instructions)   |  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 |
| 1 Distributable amount for 2021 from Section C, line 6  |  |                             |  |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.  |  |                             |  |
| 3 Excess distributions carryover, if any, to 2021   |  |                             |  |
| a From 2016 .....   |  |                             |  |
| b From 2017 .....   |  |                             |  |
| c From 2018 .....   |  |                             |  |
| d From 2019 .....   |  |                             |  |
| e From 2020 .....   |  |                             |  |
| f Total of lines 3a through 3e  |  |                             |  |
| g Applied to underdistributions of prior years  |  |                             |  |
| h Applied to 2021 distributable amount  |  |                             |  |
| i Carryover from 2016 not applied (see instructions)  |  |                             |  |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |                             |  |
| 4 Distributions for 2021 from Section D, line 7: \$   |  |                             |  |
| a Applied to underdistributions of prior years  |  |                             |  |
| b Applied to 2021 distributable amount  |  |                             |  |
| c Remainder. Subtract lines 4a and 4b from line 4.  |  |                             |  |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |  |                             |  |
| 6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                         |  |                             |  |
| <b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |                             |  |
| <b>8 Breakdown of line 7:</b>   |  |                             |  |
| a Excess from 2017 .....  |  |                             |  |
| b Excess from 2018 .....  |  |                             |  |
| c Excess from 2019 .....  |  |                             |  |
| d Excess from 2020 .....  |  |                             |  |
| e Excess from 2021 .....  |  |                             |  |

**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.)

**SUPPORTING SCHEDULE - UNUSUAL GRANTS**

|              |
|--------------|
| \$ 616,383   |
| \$ 4,460,000 |
| \$ 0         |
| \$ 0         |
| \$ 1,025,000 |
| \$ 0         |
| \$ 1,711,673 |
| \$ 1,286,784 |

**Schedule B  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

- Attach to Form 990 or Form 990-PF.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021**

Name of the organization

**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.**

Employer identification number

04-3407816

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

► \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

ESSEX COUNTY COMMUNITY

Employer identification number

04-3407816

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | COMMONWEALTH OF MASS<br>ONE ASHBURTON PLACE, ROOM 2101<br>BOSTON MA 02108   | \$ 1,711,673               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | FIDELITY CHARITABLE FOUNDATION<br>PO BOX 770001<br>CINCINNATI OH 45277-0053 | \$ 616,383                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | GE FOUNDATION<br>41 FARNSWORTH STREET<br>BOSTON MA 02210                    | \$ 4,460,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |   | \$ 1,205,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |   | \$ 1,810,300               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |   | \$ 500,427                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

ESSEX COUNTY COMMUNITY

Employer identification number

04-3407816

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | EASTERN BANK CHARITABLE FOUNDATION<br>265 FRANKLIN ST<br><br>BOSTON MA 02110            | \$ 1,005,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | NORTH ANDOVER HISTORICAL SOCIETY<br>800 MASSACHUSETTS AVE<br><br>NORTH ANDOVER MA 01845 | \$ 600,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |   | \$ 634,252                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |   | \$ 1,286,784               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

**SCHEDULE C**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ..... ► \$ .....
- 3 Volunteer hours for political campaign activities. See instructions .....

**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-.<br><br> | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|-----|----------|-------------|---------|---|--|
| (1) |          |             |         |   |  |
| (2) |          |             |         |   |  |
| (3) |          |             |         |   |  |
| (4) |          |             |         |   |  |
| (5) |          |             |         |   |  |
| (6) |          |             |         |   |  |

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

Schedule C (Form 990) 2021

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

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

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

**Limits on Lobbying Expenditures**

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

|   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |
|---|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)  | 0  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)   | 0  |  |
| c Total lobbying expenditures (add lines 1a and 1b)   | 0  |  |
| d Other exempt purpose expenditures   | 18,466,093   |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)   | 18,466,093   |  |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 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)   | 250,000  |  |
| 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>  |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2018  | (b) 2019  | (c) 2020  | (d) 2021  | (e) Total |
| 2a Lobbying nontaxable amount                                | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount<br>(150% of line 2a, column (e))   |           |           |           |           | 6,000,000 |
| c Total lobbying expenditures                                |           |           |           | 0         |           |
| d Grassroots nontaxable amount                               | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| f Grassroots lobbying expenditures                           |           |           |           | 0         |           |

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**Part IV****Supplemental Information (continued)**

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

OMB No. 1545-0047

**2021**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 .....                       | 275                     |                              |
| 2 Aggregate value of contributions to (during year) ..... | 27,769,694              |                              |
| 3 Aggregate value of grants from (during year) .....      | 18,985,166              |                              |
| 4 Aggregate value at end of year .....                    | 116,077,022             |                              |

- 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? .....  Yes  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? .....  Yes  No

**Part II Conservation Easements.**

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

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

- Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

| Held at the End of the Tax Year |  |
|---------------------------------|--|
| 2a                              |  |
| 2b                              |  |
| 2c                              |  |
| 2d                              |  |

- a Total number of conservation easements .....
- b Total acreage restricted by conservation easements .....
- c Number of conservation easements on a certified historic structure included in (a) .....
- d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....
- 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

- (i) Revenue included on Form 990, Part VIII, line 1 ..... ► \$ .....
- (ii) Assets included in Form 990, Part X ..... ► \$ .....

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

- a Revenue included on Form 990, Part VIII, line 1 ..... ► \$ .....
- b Assets included in Form 990, Part X ..... ► \$ .....

## Schedule D (Form 990) 2021 ESSEX COUNTY COMMUNITY

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

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

- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations
- d  Loan or exchange program  
 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 |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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 .....                     | 26,640,252       | 21,565,127     | 18,220,585         | 15,207,086           | 14,150,630          |
| b Contributions .....                                  | 903,050          | 904,229        | 2,522,278          | 589,908              | 979,390             |
| c Net investment earnings, gains, and losses .....     | -3,500,248       | 5,663,376      | 719,373            | 967,876              | 1,056,260           |
| d Grants or scholarships .....                         |                  |                | 928,131            | 902,423              |                     |
| e Other expenditures for facilities and programs ..... | -1,756,112       | -1,492,480     | -795,154           | -2,358,138           | 979,194             |
| f Administrative expenses .....                        |                  |                |                    |                      |                     |
| g End of year balance .....                            | 22,286,942       | 26,640,252     | 21,329,259         | 18,220,585           | 15,207,086          |

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

- a Board designated or quasi-endowment ► 70.47 %  
 b Permanent endowment ► 23.43 %  
 c Term endowment ► 6.10 %

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

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

- (i) Unrelated organizations .....

| Yes    | No |
|--------|----|
| 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<br>(investment) | (b) Cost or other basis<br>(other) | (c) Accumulated<br>depreciation | (d) Book value |
|--------------------------------|---|------------------------------------|---------------------------------|----------------|
| 1a Land .....                  |   |                                    |                                 |                |
| b Buildings .....              |   |                                    |                                 |                |
| c Leasehold improvements ..... |   |                                    |                                 |                |
| d Equipment .....              |   |                                    |                                 |                |
| e Other .....                  |   |                                    |                                 |                |

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

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**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<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>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. (Column (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| Total. (Column (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) AGENCY ENDOWMENT FUNDS   | 15,956,941     |
| (3) FUNDS HELD FOR OTHERS  | 1,649,169      |
| (4) CHARITABLE GIFT ANNUITIES  | 56,413         |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 17,662,523     |

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

## Schedule D (Form 990) 2021 ESSEX COUNTY COMMUNITY

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |    |             |
|---|----|-------------|
| 1 Total revenue, gains, and other support per audited financial statements .....        | 1  | 8,495,067   |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                   |    |             |
| a Net unrealized gains (losses) on investments .....                                    | 2a | -18,051,485 |
| b Donated services and use of facilities .....  | 2b | 465         |
| c Recoveries of prior year grants .....   | 2c |             |
| d Other (Describe in Part XIII.) .....  | 2d |             |
| e Add lines 2a through 2d .....   | 2e | -18,051,020 |
| 3 Subtract line 2e from line 1 .....  | 3  | 26,546,087  |
| 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 | 9,902       |
| b Other (Describe in Part XIII.) .....  | 4b | 1,858,258   |
| c Add lines 4a and 4b .....   | 4c | 1,868,160   |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ..... | 5  | 28,414,247  |

**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  | 18,256,970 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                      |    |            |
| a Donated services and use of facilities .....   | 2a | 465        |
| b Prior year adjustments .....   | 2b |            |
| c Other losses .....   | 2c |            |
| d Other (Describe in Part XIII.) .....   | 2d |            |
| e Add lines 2a through 2d .....  | 2e | 465        |
| 3 Subtract line 2e from line 1 .....   | 3  | 18,256,505 |
| 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 | 9,902      |
| b Other (Describe in Part XIII.) .....   | 4b | 199,686    |
| c Add lines 4a and 4b .....  | 4c | 209,588    |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ..... | 5  | 18,466,093 |

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

ESSEX COUNTY COMMUNITY FOUNDATION, INC., 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 EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THAT SUBSTANTIALLY ALL OF THE FOUNDATION'S INCOME, EXPENDITURES, AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, THE FOUNDATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021    ESSEX COUNTY COMMUNITY  
**Part XIII    Supplemental Information (continued)**

\* \* - \* \* \* 7816

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THE FOUNDATION 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. THERE WERE NO EXCISE TAXES ON EXCESS LOBBYING EXPENDITURES FOR THE YEARS ENDED JUNE 30, 2022 AND 2021.

THE FOUNDATION IS REQUIRED TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. THERE ARE NO UNCERTAIN TAX POSITIONS CONSIDERED TO BE MATERIAL. THE FOUNDATION REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO REVIEW BY TAXING AUTHORITIES FOR PERIODS PRIOR TO 2019.

|   |              |
|---|--------------|
| PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER |              |
| CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS                       | \$ 1,843,179 |
| PROGRAM EVENT EXPENSES  | \$ 15,079    |

|  |            |
|--|------------|
| PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER |            |
| GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS                 | \$ 184,607 |
| PROGRAM EVENT EXPENSES   | \$ 15,079  |

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.Employer identification number  
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 |
|---|-------------------------------------|--|--|--|--|
| EUROPE (INCLUDING ICELAND & GREENLAND) -          |                                     |  | GRANTS TO RECIPIENTS   |  | 35,000   |
| (1)   |                                     |  |  |  |  |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a Subtotal</b>                                |                                     |  |  |  | 35,000   |
| <b>b Total from continuation sheets to Part I</b> |                                     |  |  |  |  |
| <b>c Totals (add lines 3a and 3b)</b>             |                                     |  |  |  | 35,000   |

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

Schedule F (Form 990) 2021

## Schedule F (Form 990) 2021

04-3407816

## ESSEX COUNTY COMMUNITY

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region      | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  | POLAND                   |  | GENERAL SUPPORT |                      | 35,000                   | WIRE TRANSFER                   |                                  |                                       |   |
| (2)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |                 |                      |                          |                                 |                                  |                                       |   |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
- 3 Enter total number of other organizations or entities

▶ 1 ▶

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

**Part III can be duplicated if additional space is needed.**

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**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) 2021**

**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 3 - ACTIVITIES PER REGION**

| REGION                                      | EXPENDITURES | INVESTMENTS |
|---|--------------|-------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) - \$ | 35,000       | \$ 0        |

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ....

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

| 1  | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) 826 BOSTON INC.<br>3035 WASHINGTON STREET<br>BOSTON MA 02119                                     | 20-8065915   | 501C3   |                                 | 7,500                    |                                  |   |                                       |                                    |
| (2) 826 NEW YORK INC<br>372 5TH AVENUE<br>BROOKLYN NY 11215  | 20-0526710   | 501C3   |                                 | 7,500                    |                                  |   |                                       |                                    |
| (3) ACLU FOUNDATION OF TEXAS<br>P.O. BOX 8306<br>HOUSTON TX 77288                                    | 76-0343171   | 501C3   |                                 | 10,000                   |                                  |   |                                       |                                    |
| (4) ACT LAWRENCE INC.<br>15 UNION STREET, ENTRANCE C<br>LAWRENCE MA 01840                            | 04-3408855   | 501C3   |                                 | 66,500                   |                                  |   |                                       |                                    |
| (5) ACTION, INC.<br>180 MAIN STREET<br>GLOUCESTER MA 01930-3749                                      | 04-2389332   | 501C3   |                                 | 203,000                  |                                  |   |                                       |                                    |
| (6) ADDISON GILBERT HOSPITAL<br>OFFICE OF PHILANTHROPY<br>GLOUCESTER MA 01930                        | 04-2121317   | 501C3   |                                 | 13,862                   |                                  |   |                                       |                                    |
| (7) AGESPAN<br>AKA: ELDER SERVICES OF THE MERRIMAC<br>LAWRENCE MA 01843                              | 04-2545136   | 501C3   |                                 | 88,128                   |                                  |   |                                       |                                    |
| (8) ALLIANCE OF CLIMATE AND ENVIRONMENT<br>AKA: NEWBURYPORT CLEANTECH CENTER<br>NEWBURYPORT MA 01950 | 501C3  |         |                                 | 10,000                   |                                  |   |                                       |                                    |
| (9) ALTAMONT SCHOOL<br>4801 ALTAMONT ROAD SOUTH<br>BIRMINGHAM AL 35222                               | 63-0302110   | 501C3   |                                 | 10,000                   |                                  |   |                                       |                                    |

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

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

▶ 345.....

▼ 2

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DAA**Schedule I (Form 990) (2021)**

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 ▶ Attach to Form 990.

 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 ESSEX COUNTY COMMUNITY  
 FOUNDATION, INC.

 OMB No. 1545-0047  
**2021**  
**Open to Public  
Inspection**

 Employer identification number  
 04-3407816

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

**Part I General Information on Grants and Assistance**

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|-----|--|------------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
|     |  |            |                                    |                             |                                     | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (i) Description of<br>noncash assistance |                                       |
| (1) | ALZHEIMER'S ASSOCIATION, MASSACHUSETTS<br>309 WAVERLEY OAKS ROAD<br>WALTHAM MA 02452 | 04-2731194 | 501C3                              | 209,350                     |                                     |   |  |                                       |
| (2) | AMERICAN CIVIL LIBERTIES UNION FOUNDATION<br>AKA ACLU<br>NEW YORK NY 10004           | 13-6213516 | 501C3                              | 10,000                      |                                     |   |  |                                       |
| (3) | AMESBURY CARRIAGE MUSEUM<br>PO BOX 252<br>AMESBURY MA 01913                          | 04-3021666 | 501C3                              | 17,638                      |                                     |   |  |                                       |
| (4) | AMIRAH INC.<br>10 TOWER OFFICE PARK, STE. 413<br>WOBBURN MA 01801                    | 27-1214049 | 501C3                              | 11,000                      |                                     |   |  |                                       |
| (5) | ANDOVER PUBLIC SCHOOLS<br>36R BARTLET STREET<br>ANDOVER MA 01810                     |            | 501C3                              | 33,086                      |                                     |   |  |                                       |
| (6) | ANIMAL CARE AND CONTROL OF NEW YORK<br>11 PARK PLACE SUITE 805<br>NEW YORK NY 10007  | 13-3788986 | 501C3                              | 10,000                      |                                     |   |  |                                       |
| (7) | ANN MARCHANT<br>1. CLEARVIEW AVENUE<br>GLOUCESTER MA 01930                           |            |                                    | 25,000                      |                                     |   |  |                                       |
| (8) | ARCHDIOCESE OF BOSTON<br>66 BROOKS DRIVE<br>BRAINTREE MA 02184                       | 04-2104151 | 501C3                              | 12,375                      |                                     |   |  |                                       |
| (9) | ARISE RWANDA MINISTRIES INC<br>8333 SE STARK STREET<br>PORTLAND OR 97216             | 46-2783389 | 501C3                              | 20,500                      |                                     |   |  |                                       |

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Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**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   | 2   | 3          | 4                                  | 5                           | 6                                   | 7   | 8  | 9                                     |
|-----|---|------------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| 1   | (a) Name and address of organization<br>or government                                 | (b) EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
| (1) | ASIAN PACIFIC CHILDREN'S FUND<br>361 S. CAMINO DEL RIO, SUITE 141<br>DURANGO CO 81303 | 20-8035578 | 501C3                              | 6,000                       |                                     |   |  |                                       |
| (2) | ATTIC YOUTH CENTER<br>255 S. 16TH STREET<br>PHILADELPHIA PA 19102                     | 23-3020071 | 501C3                              | 10,000                      |                                     |   |  |                                       |
| (3) | BACKYARD GROWERS<br>103R MAPLEWOOD AVENUE<br>GLOUCESTER MA 01930                      | 47-1553021 | 501C3                              | 38,500                      |                                     |   |  |                                       |
| (4) | BATES COLLEGE<br>2 ANDREWS ROAD<br>LEWISTON ME 04240                                  | 01-0211781 | 501C3                              | 27,500                      |                                     |   |  |                                       |
| (5) | BEREA COLLEGE<br>101 CHESTNUT STREET<br>BEREA KY 40404                                | 61-0444650 | 501C3                              | 7,000                       |                                     |   |  |                                       |
| (6) | BEVERLY BOOTSTRAPS COMMUNITY SERVICE<br>35 PARK STREET<br>BEVERLY MA 01915            | 04-3254507 | 501C3                              | 29,000                      |                                     |   |  |                                       |
| (7) | BEVERLY SCHOOL FOR THE DEAF<br>6 ECHO AVENUE<br>BEVERLY MA 01915                      | 04-2103886 | 501C3                              | 7,604                       |                                     |   |  |                                       |
| (8) | BEYOND SOCCER<br>280 MERRIMACK STREET, #323<br>LAWRENCE MA 01843                      | 45-0648718 | 501C3                              | 15,000                      |                                     |   |  |                                       |
| (9) | BEYOND WALLS INC.<br>18 MT. VERNON STREET<br>LYNN MA 01901                            | 83-0573018 | 501C3                              | 31,000                      |                                     |   |  |                                       |

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

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DAA► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Open to Public Inspection****2021**

OMB No. 1545-0047

**Schedule I (Form 990) (2021)**

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Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.****Part I General Information on Grants and Assistance**

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**2021****Open to Public  
Inspection**

OMB No. 1545-0047

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| 1   | (a) Name and address of organization<br>or government | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|---|---|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) BIG SISTER ASSOCIATION OF GREATER<br>20 PARK PLAZA, SUITE 1420<br>BOSTON MA 02116 | B   | 04-2150651 | 501C3                                 | 7,500                       |                                     |   |  |                                       |
| (2) BLESSED STEPHEN BELLESINI O S A ACA<br>94 BRADFORD STREET<br>LAWRENCE MA 01842    |   | 04-3585445 | 501C3                                 | 53,500                      |                                     |   |  |                                       |
| (3) BLUE DEER CENTER<br>PO BOX 905<br>MARGARETVILLE NY 12455                          |   | 22-3741704 | 501C3                                 | 20,000                      |                                     |   |  |                                       |
| (4) BOSTON AREA GLEANERS, INC<br>91 MARTIN STREET<br>ACTION MA 01720                  |   | 30-0434755 | 501C3                                 | 18,000                      |                                     |   |  |                                       |
| (5) BOSTON DANCE ALLIANCE INC.<br>19 CLARENDRON STREET<br>BOSTON MA 02116             |   | 04-3064755 | 501C3                                 | 10,000                      |                                     |   |  |                                       |
| (6) BOYS & GIRLS CLUB OF LAWRENCE<br>136 WATER STREET<br>LAWRENCE MA 01841-4722       |   | 23-7296824 | 501C3                                 | 47,546                      |                                     |   |  |                                       |
| (7) BROOKWOOD SCHOOL INC<br>1 BROOKWOOD ROAD<br>MANCHESTER MA 01944                   |   | 04-2227413 | 501C3                                 | 12,500                      |                                     |   |  |                                       |
| (8) BROWN UNIVERSITY<br>69 BROWN STREET, BOX 1822<br>PROVIDENCE RI 02912              |   | 05-0258809 | 501C3                                 | 6,500                       |                                     |   |  |                                       |
| (9) BUDGET BUDDIES<br>114 TURNPIKE ROAD, STE 2D<br>CHELMSFORD MA 01824                |   | 90-0688545 | 501C3                                 | 35,000                      |                                     |   |  |                                       |

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DAA

Schedule I (Form 990) (2021)

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 Department of the Treasury  
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|-----|--|------------|---------------------------------------|-----------------------------|-------------------------------------|--|---|
|     |  |            |                                       |                             |                                     | (g) Description of<br>noncash assistance | (h) Method of valuation<br>(book, FMV, appraisal,<br>other) |
| (1) | BUILDING A BETTER BEVERLY INC.<br>191 CABOT STREET<br>BEVERLY MA 01915               | 27-4670630 | 501C3                                 | 20,000                      |                                     |  |   |
| (2) | BUILDING AUDACITY<br>LYNN LYNN MA 01902-3532   | 83-4650961 | 501C3                                 | 40,000                      |                                     |  |   |
| (3) | CAMPAIGN LEGAL CENTER<br>1101 14TH STREET NW, STE 400<br>WASHINGTON DC 20005         | 04-3608387 | 501C3                                 | 10,000                      |                                     |  |   |
| (4) | CAPE ANN MUSEUM INC<br>27 PLEASANT STREET<br>GLOUCESTER MA 01930-5909                | 04-2143545 | 501C3                                 | 102,250                     |                                     |  |   |
| (5) | CARING FOR FRIENDS<br>FKA: AID FOR FRIENDS<br>PHILADELPHIA PA 19154-1288             | 23-2072722 | 501C3                                 | 10,000                      |                                     |  |   |
| (6) | CATHOLIC RELIEF SERVICES<br>PO BOX 17090<br>BALTIMORE MD 21297-0303                  | 13-5563422 | 501C3                                 | 23,000                      |                                     |  |   |
| (7) | CATIE'S CLOSET INC.<br>19 SCHOOL STREET<br>DRACTON MA 01826                          | 27-2531953 | 501C3                                 | 50,000                      |                                     |  |   |
| (8) | CENTER FOR REPRODUCTIVE RIGHTS<br>AKA: CRR<br>NEW YORK CITY NY 10038                 | 13-3669731 | 501C3                                 | 10,000                      |                                     |  |   |
| (9) | CENTER FOR WOMEN & ENTERPRISES INC<br>44 SCHOOL STREET, SUITE 200<br>BOSTON MA 02108 | 04-3256236 | 501C3                                 | 10,000                      |                                     |  |   |

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|--|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|---|
| (a) Name and address of organization<br>or government                                | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |   |
| (1) CENTERBOARD INC<br>16 CITY HALL SQUARE<br>LYNN MA 01901                          | 04-3019658 | 501C3                                 | 7,500                       |                                     |   |  |                                       |   |
| (2) CENTRAL CATHOLIC HIGH SCHOOL OF LAW<br>300 HAMPSHIRE STREET<br>LAWRENCE MA 01841 | 04-2057906 | 501C3                                 | 7,000                       |                                     |   |  |                                       |   |
| (3) CHANGE IS SIMPLE INC<br>100 CUMMING'S CENTER, STE 227Q<br>BEVERLY MA 01915-6241  | 45-1463482 | 501C3                                 | 6,250                       |                                     |   |  |                                       |   |
| (4) CHICA<br>C/O BARRALES LAW<br>BOSTON MA 02114                                     | 45-3866647 | 501C3                                 | 10,000                      |                                     |   |  |                                       |   |
| (5) CHILDREN'S CENTER OF FAITH UNITED<br>35 LOWELL STREET<br>METHUEN MA 01844        | 04-3273682 | 501C3                                 | 7,000                       |                                     |   |  |                                       |   |
| (6) CITIZENS INN, INC.<br>81 MAIN STREET<br>PEABODY MA 01960                         | 22-2540856 | 501C3                                 | 50,580                      |                                     |   |  |                                       |   |
| (7) CITY OF BEVERLY<br>191 CABOT STREET<br>BEVERLY MA 01915                          |            | 501C3                                 | 6,480                       |                                     |   |  |                                       |   |
| (8) CITY OF LYNN<br>3 CITY HALL SQUARE, ROOM 312<br>LYNN MA 01901                    |            | 501C3                                 | 230,000                     |                                     |   |  |                                       |   |
| (9) CITY OF PEABODY<br>HEALTH DEPARTMENT<br>PEABODY MA 01960                         |            | 501C3                                 | 30,000                      |                                     |   |  |                                       |   |

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|--|----------|---|---------|--------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) CITY OF SALEM<br>SALEM CITY HALL<br>SALEM                                  | MA 01970 |   |         | 501C3                                | 302,100                     |                                     |   |  |                                       |
| (2) CLARA MARTIN CENTER<br>PO BOX G<br>RANDOLPH                                | VT 05060 | 03-0220733  | 501C3   |                                      | 25,000                      |                                     |   |  |                                       |
| (3) CLEAN RIVER PROJECT INC.<br>1022 RIVERSIDE DRIVE<br>METHUEN                | MA 01844 | 26-1904414  | 501C3   |                                      | 22,980                      |                                     |   |  |                                       |
| (4) COLD HOLLOW TO CANADA INC<br>PO BOX 406<br>MONTGOMERY CENTER               | VT 05471 | 36-4717953  | 501C3   |                                      | 6,000                       |                                     |   |  |                                       |
| (5) COLLEEN E RITZER MEMORIAL FUND INC<br>5 DASCOMB RD<br>ANDOVER              | MA 01810 | 85-0659010  | 501C3   |                                      | 7,000                       |                                     |   |  |                                       |
| (6) COMMITTEE OF SEVENTY<br>123 SOUTH BROAD STREET, SUITE 1800<br>PHILADELPHIA | PA 19109 | 23-0487205  | 501C3   |                                      | 10,000                      |                                     |   |  |                                       |
| (7) COMMUNITIES TOGETHER, INC.<br>276 ESSEX STREET<br>LAWRENCE                 | MA 01842 | 04-3268423  | 501C3   |                                      | 9,500                       |                                     |   |  |                                       |
| (8) COMMUNITY ACTION, INC.<br>3 WASHINGTON SQUARE, STE. 4<br>HAVERHILL         | MA 01830 | 04-2383153  | 501C3   |                                      | 90,558                      |                                     |   |  |                                       |
| (9) COMMUNITY CARE COOPERATIVE INC<br>75 FEDERAL ST FL 7<br>BOSTON             | MA 02110 | 81-3005904  | 501C3   |                                      | 226,660                     |                                     |   |  |                                       |

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FOUNDATION, INC.**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. .....  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**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  | 1(a) Name and address of organization<br>or government | 1(b) EIN | 1(c) IRC<br>section<br>(if applicable) | 1(d) Amount of cash<br>grant | 1(e) Amount of<br>noncash assistance | 1(f) Method of valuation<br>(book, FMV, appraisal,<br>other) | 1(g) Description of<br>noncash assistance | 1(h) Purpose of grant<br>or assistance |
|--|--|----------|--|------------------------------|--------------------------------------|--|---|--|
| (1) COMMUNITY DAY CARE CENTER OF LAWRENCE<br>AKA: THE COMMUNITY GROUP<br>LAWRENCE MA 01840     | 15-6016932   | 501C3    |  | 444,872                      |                                      |  |   |  |
| (2) COMMUNITY SERVINGS<br>179 ARMORY STREET<br>JAMAICA PLAIN MA 02130                          | 22-3154028   | 501C3    |  | 25,715                       |                                      |  |   |  |
| (3) CONSERVATION LAW FOUNDATION<br>62 SUMMER STREET, SUITE 1<br>BOSTON MA 02110-1016           | 04-6149986   | 501C3    |  | 25,500                       |                                      |  |   |  |
| (4) DANA FARBER CANCER INSTITUTE<br>THE JIMMY FUND<br>BROOKLINE MA 02445-7226                  | 04-2263040   | 501C3    |  | 75,000                       |                                      |  |   |  |
| (5) DC CENTRAL KITCHEN, INC.<br>PO BOX 417406<br>BOSTON MA 02241-7406                          | 52-1584936   | 501C3    |  | 10,000                       |                                      |  |   |  |
| (6) DEMOCRACY NORTH CAROLINA<br>3000 AERIAL CENTER PARKWAY, STE 160<br>MORRISVILLE NC 27560    | 56-2271150   | 501C3    |  | 10,000                       |                                      |  |   |  |
| (7) DOCTORS WITHOUT BORDERS USA INC.<br>40 RECTOR STREET, 16TH FLOOR<br>NEW YORK NY 10001-1751 | 13-3433452   | 501C3    |  | 16,500                       |                                      |  |   |  |
| (8) DUKE UNIVERSITY<br>ALUMNI AND DEVELOPMENT RECORDS<br>DURHAM NC 27708-0581                  | 56-0532129   | 501C3    |  | 15,000                       |                                      |  |   |  |
| (9) EARLS HOPE RESCUE, INC.<br>1357 OLD HIGHWAY 100<br>WACO GA 30182                           | 47-4529879   | 501C3    |  | 16,111                       |                                      |  |   |  |

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
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**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service

 Name of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.**
**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 1(a) Name and address of organization or government                                     | 2(b) EIN   | 3(c) IRC section (if applicable) | 4(d) Amount of cash grant | 5(e) Amount of noncash assistance | 6(f) Method of valuation (book, FMV, appraisal, other) | 7(g) Description of noncash assistance | 8(h) Purpose of grant or assistance |
|-----|---|------------|----------------------------------|---------------------------|-----------------------------------|--|--|-------------------------------------|
| (1) | ELEVATED THOUGHT FOUNDATION, INC.<br>15 UNION STREET, STE. 120<br>LAWRENCE MA 01840     | 27-3519031 | 501C3                            | 13,000                    |                                   |  |  |                                     |
| (2) | ELIOT COMMUNITY HUMAN SERVICES INC<br>125 HARTWELL AVENUE<br>LEXINGTON MA 02421         | 04-2316924 | 501C3                            | 24,253                    |                                   |  |  |                                     |
| (3) | ELLIE FUND<br>200 RESERVOIR STREET, SUITE 300<br>NEEDHAM MA 02494                       | 04-3280390 | 501C3                            | 7,500                     |                                   |  |  |                                     |
| (4) | EMMANUEL COLLEGE<br>400 THE FENWAY<br>BOSTON MA 02115                                   | 04-2105769 | 501C3                            | 8,300                     |                                   |  |  |                                     |
| (5) | ENDICOTT COLLEGE<br>376 HALE STREET<br>BEVERLY MA 01915                                 | 04-2103567 | 501C3                            | 22,000                    |                                   |  |  |                                     |
| (6) | ENTREPRENEURSHIP FOR ALL INC.<br>AKA: EFORALL<br>LOWELL MA 01854                        | 47-1858182 | 501C3                            | 126,916                   |                                   |  |  |                                     |
| (7) | ENVIRONMENTAL LEAGUE OF MASSACHUSETTS<br>15 COURT SQUARE, SUITE 1000<br>BOSTON MA 02108 | 04-2760271 | 501C3                            | 13,250                    |                                   |  |  |                                     |
| (8) | EQUAL JUSTICE INITIATIVE<br>122 COMMERCE STREET<br>MONTGOMERY AL 36104                  | 63-1135091 | 501C3                            | 35,000                    |                                   |  |  |                                     |
| (9) | ESPERANZA ACADEMY, INC.<br>198 GARDEN STREET<br>LAWRENCE MA 01840                       | 73-1722348 | 501C3                            | 160,500                   |                                   |  |  |                                     |

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

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**2021**  
 Open to Public  
 Inspection

 Employer identification number  
**04-3407816**

OMB No. 1545-0047

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 1(a) Name and address of organization<br>or government                                   | 1(b) EIN   | 1(c) IRC section<br>(if applicable) | 1(d) Amount of cash<br>grant | 1(e) Amount of<br>noncash assistance | 1(f) Method of valuation<br>(book, FMV, appraisal,<br>other) | 1(g) Description of<br>noncash assistance | 1(h) Purpose of grant<br>or assistance |
|-----|--|------------|-------------------------------------|------------------------------|--------------------------------------|--|---|--|
| (1) | ESSEX ART CENTER<br>56 ISLAND STREET<br>LAWRENCE MA 01840                                | 04-3238501 | 501C3                               | 33,500                       |                                      |  |   |  |
| (2) | ESSEX COUNTY COMMUNITY ORGANIZATION<br>74 SOUTH COMMON STREET<br>LYNN MA 01902-4553      | 04-2768237 | 501C3                               | 25,800                       |                                      |  |   |  |
| (3) | ESSEX COUNTY GREEN BELT ASSOCIATION<br>82 EASTERN AVENUE<br>ESSEX MA 01929-1329          | 04-2664297 | 501C3                               | 63,826                       |                                      |  |   |  |
| (4) | ESSEX COUNTY HABITAT FOR HUMANITY,<br>14 PARK STREET<br>DANVERS MA 01923                 |            |                                     |                              | 501C3                                | 13,590   |   |  |
| (5) | ESSEX NORTH SHORE AGRICULTURAL & TE<br>565 MAPLE STREET<br>HATHORNE MA 01937             | 27-1237978 | 501C3                               | 273,680                      |                                      |  |   |  |
| (6) | EVELYN LILLY LUTZ FOUNDATION<br>500 BUILDING, SUITE 6500<br>BEVERLY MA 01915             | 04-2103885 | 501C3                               | 65,000                       |                                      |  |   |  |
| (7) | FAIR COUNT INC<br>PO BOX 170382<br>ATLANTA GA 30317                                      | 58-2421574 | 501C3                               | 15,000                       |                                      |  |   |  |
| (8) | FAMILIES FOR DEPRESSION AWARENESS<br>391 TOTTEN POND ROAD, SUITE 101<br>WALTHAM MA 02451 | 04-3546730 | 501C3                               | 20,000                       |                                      |  |   |  |
| (9) | FAMILY SERVICES OF THE MERRIMACK VA<br>430 N CANAL STREET<br>LAWRENCE MA 01840           | 04-2104054 | 501C3                               | 230,500                      |                                      |  |   |  |

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

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Inspection****2021**

OMB No. 1545-0047

**Schedule I (Form 990) (2021)**

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments**

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

| 1  | 1(a) Name and address of organization or government | 1(b) EIN   | 1(c) IRC section (if applicable) | 1(d) Amount of cash grant | 1(e) Amount of noncash assistance | 1(f) Method of valuation (book, FMV, appraisal, other) | 1(g) Description of noncash assistance | 1(h) Purpose of grant or assistance |
|--|---|------------|----------------------------------|---------------------------|-----------------------------------|--|--|-------------------------------------|
| (1) FIRST BAPTIST CHURCH IN BEVERLY<br>221 CABOT STREET<br>BEVERLY                     | MA 01915  | 04-2253860 | 501C3                            | 13,000                    |                                   |  |  |                                     |
| (2) FIRST CONGREGATIONAL SOCIETY IN SALEM<br>316 ESSEX STREET<br>SALEM                 | MA 01970  | 04-2111209 | 501C3                            | 8,000                     |                                   |  |  |                                     |
| (3) FOOD BANK FOR NEW YORK CITY<br>PO BOX 470<br>HARTSDALE                             | NY 10530-9907                                       | 13-3179546 | 501C3                            | 10,000                    |                                   |  |  |                                     |
| (4) FRANCISCAN HOSPITAL FOR CHILDREN<br>AKA FRANCISCAN CHILDREN'S HOSPITAL<br>BRIGHTON | MA 02135  | 04-2717403 | 501C3                            | 24,000                    |                                   |  |  |                                     |
| (5) FRIENDS OF LAWRENCE HERITAGE STATE<br>1. JACKSON STREET<br>LAWRENCE                | MA 01840  | 04-3464820 | 501C3                            | 6,000                     |                                   |  |  |                                     |
| (6) FRIENDS OF MIDDLESEX FELLS RESERVAT<br>235 WEST FOSTER STREET<br>MELROSE           | MA 02176  | 22-3278797 | 501C3                            | 43,112                    |                                   |  |  |                                     |
| (7) FRIENDS OF THE MAD RIVER<br>GENERAL WAIT HOUSE<br>WAITSFIELD                       | VT 05673  | 03-0348974 | 501C3                            | 6,000                     |                                   |  |  |                                     |
| (8) GEORGE WASHINGTON UNIVERSITY<br>45155 RESEARCH PLACE, SUITE 340<br>ASHBURN         | VA 20147  | 53-0196584 | 501C3                            | 13,250                    |                                   |  |  |                                     |
| (9) GIRLS INC. OF LYNN<br>50 HIGH STREET<br>LYNN                                       | MA 01902  | 04-2104250 | 501C3                            | 18,750                    |                                   |  |  |                                     |

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

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OMB No. 1545-0047

**SCHEDULE I  
(Form 990)**
**Grants and Other Assistance to Organizations,  
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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**

 OMB No. 1545-0047  
**2021**  
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**Part I**
**General Information on Grants and Assistance**

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

|     | (a) Name and address of organization<br>or government                                  | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|--|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | GLOBALGIVING FOUNDATION INC.<br>1110 VERMONT AVE., NW SUITE 550<br>WASHINGTON DC 20005 | 30-0108263 | 501C3                                 | 6,000                       |                                     |   |  |                                       |
| (2) | GLOUCESTER BOXING<br>48 RIVERSIDE ST<br>DANVERS MA 01923                               | 47-3362937 | 501C3                                 | 10,000                      |                                     |   |  |                                       |
| (3) | GLOUCESTER FISHERMEN ATHLETIC ASSOC<br>PO BOX 3010<br>GLOUCESTER MA 01930              | 20-5458099 | 501C3                                 | 10,000                      |                                     |   |  |                                       |
| (4) | GLOUCESTER FUND INC<br>45 MIDDLE STREET<br>GLOUCESTER MA 01930                         | 04-3521016 | 501C3                                 | 50,000                      |                                     |   |  |                                       |
| (5) | GLOUCESTER HIGH SCHOOL<br>32. LESLIE O JOHNSON ROAD<br>GLOUCESTER MA 01930             |            | 501C3                                 | 61,213                      |                                     |   |  |                                       |
| (6) | GLOUCESTER MARINE GENOMICS INSTITUT<br>417 MAIN STREET<br>GLOUCESTER MA 01930          | 46-3020006 | 501C3                                 | 11,000                      |                                     |   |  |                                       |
| (7) | GOVERNOR DUMMER ACADEMY<br>DBA: THE GOVERNOR'S ACADEMY<br>BYFIELD MA 01922             | 04-2103564 | 501C3                                 | 8,000                       |                                     |   |  |                                       |
| (8) | GREATER BOSTON FOOD BANK<br>70 SOUTH BAY AVENUE<br>BOSTON MA 02118                     | 04-2717782 | 501C3                                 | 21,500                      |                                     |   |  |                                       |
| (9) | GREATER LAWRENCE COMMUNITY ACTION<br>305 ESSEX STREET, 4TH FLOOR<br>LAWRENCE MA 01840  | 04-2397449 | 501C3                                 | 93,600                      |                                     |   |  |                                       |

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

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**SCHEDULE I  
(Form 990)**
**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.  
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Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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**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                                       | 1 (a) Name and address of organization or government       | 1 (b) EIN  | 1 (c) IRC section (if applicable) | 1 (d) Amount of cash grant | 1 (e) Amount of noncash assistance | 1 (f) Method of valuation (book, FMV, appraisal, other) | 1 (g) Description of noncash assistance | 1 (h) Purpose of grant or assistance |
|---|--|------------|-----------------------------------|----------------------------|------------------------------------|---|---|--------------------------------------|
| (1) GREATER LAWRENCE COMMUNITY BOATING  | 1. EATON STREET<br>LAWRENCE<br>MA 01840                    | 04-2671824 | 501C3                             | 20,000                     |                                    |   |   |                                      |
| (2) GROUNDFLOOR LAWRENCE                | 50 ISLAND STREET, SUITE 101<br>LAWRENCE<br>MA 01840        | 04-3546770 | 501C3                             | 239,170                    |                                    |   |   |                                      |
| (3) GUNSTON SCHOOL                      | 911 GUNSTON ROAD<br>CENTREVILLE<br>MD 21617                |            | 501C3                             | 15,000                     |                                    |   |   |                                      |
| (4) HABITAT FOR HUMANITY GREATER BOSTON | 240 COMMERCIAL STREET 4TH FLOOR<br>BOSTON<br>MA 02109      | 04-2994233 | 501C3                             | 10,000                     |                                    |   |   |                                      |
| (5) HARBORLIGHT HOMES                   | PO BOX 507<br>BEVERLY<br>MA 01915                          | 04-2313571 | 501C3                             | 93,500                     |                                    |   |   |                                      |
| (6) HARVEY GIRLS INC.                   | 184 PLEASANT VALLEY STREET, STE 2-1<br>METHUEN<br>MA 01844 | 47-3237138 | 501C3                             | 10,000                     |                                    |   |   |                                      |
| (7) HAVEN PROJECT, THE                  | 57 MUNROE STREET<br>LYNN<br>MA 01901                       | 45-3797693 | 501C3                             | 16,250                     |                                    |   |   |                                      |
| (8) HEALING ABUSE WORKING FOR CHANGE    | 27 CONGRESS STREET<br>SALEM<br>MA 01970                    | 04-2655367 | 501C3                             | 31,250                     |                                    |   |   |                                      |
| (9) HIGGINS LAKE LAND CONSERVANCY INC   | PO BOX 60<br>HIGGINS LAKE<br>MI 48627                      | 11-3812948 | 501C3                             | 6,000                      |                                    |   |   |                                      |

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

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OMB No. 1545-0047

**2021****Open to Public Inspection**Employer identification number  
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**Grants and Other Assistance to Organizations,  
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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.****Part I General Information on Grants and Assistance**

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| 1   | 2          | 3                                     | 4                           | 5                                   | 6   | 7  | 8                                     | 9 |
|---|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|---|
| (a) Name and address of organization<br>or government                               | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |   |
| (1) HOLY FAMILY MISSION INC<br>15 CHERRY STREET<br>GLOUCESTER MA 01930              | 84-4978335 | 501C3                                 | 8,000                       |                                     |   |  |                                       |   |
| (2) HOW HOUSE<br>41 VAN WINKLE STREET<br>DORCHESTER MA 02124                        | 27-3614882 | 501C3                                 | 7,200                       |                                     |   |  |                                       |   |
| (3) HUMAN RIGHTS WATCH INC.<br>350 FIFTH AVENUE 34TH FLOOR<br>NEW YORK NY 10118     | 13-2875808 | 501C3                                 | 25,000                      |                                     |   |  |                                       |   |
| (4) IMMIGRANT CITY ARCHIVES INC<br>AKA LAWRENCE HISTORY CENTER<br>LAWRENCE MA 01840 | 04-2651157 | 501C3                                 | 16,000                      |                                     |   |  |                                       |   |
| (5) INCARNATION PARISH<br>429 UPHAM STREET<br>MELROSE MA 02176-3433                 | 04-2255587 | 501C3                                 | 26,500                      |                                     |   |  |                                       |   |
| (6) IPSWICH RIVER WATERSHED ASSOCIATION<br>P.O. BOX 576<br>IPSWICH MA 01938         | 04-2615125 | 501C3                                 | 47,876                      |                                     |   |  |                                       |   |
| (7) ISSUE ONE<br>1401 K STREET NW, SUITE 350<br>WASHINGTON DC 20005                 | 32-0384285 | 501C3                                 | 35,000                      |                                     |   |  |                                       |   |
| (8) JEAN APPOLON EXPRESSIONS INC<br>P.O. BOX 391173<br>CAMBRIDGE MA 02139           | 46-1897622 | 501C3                                 | 8,000                       |                                     |   |  |                                       |   |
| (9) JEANNE GEIGER CRISIS CENTER<br>2 HARRIS STREET<br>NEWBURYPORT MA 01950          | 22-2474823 | 501C3                                 | 11,500                      |                                     |   |  |                                       |   |

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OMB No. 1545-0047

**SCHEDULE I  
(Form 990)**
**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

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| 1   | 2                                  | (a) Name and address of organization or government      | (b) EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|------------------------------------|---|------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| (1) | JEWISH FAMILY SERVICE OF METROWEST | 475 FRANKLIN STREET, SUITE 101<br>FRAMINGHAM MA 01702   | 04-2730898 | 501C3                              | 5,250                    |                                  |  |                                       |                                    |
| (2) | JORDAN PORCO FOUNDATION            | 415 SILAS DEANE HWY / STE 304B<br>WETHERSFIELD CT 06109 | 27-5039555 | 501C3                              | 15,000                   |                                  |  |                                       |                                    |
| (3) | KNIGHTS OF COLUMBUS CHARITIES USA  | PO BOX 1966<br>NEW HAVEN CT 06509-1966                  | 41-2140273 | 501C3                              | 10,000                   |                                  |  |                                       |                                    |
| (4) | LAKE FOREST ACADEMY                | 1500 W KENNEDY ROAD<br>LAKE FOREST IL 60045             | 36-2216167 | 501C3                              | 7,500                    |                                  |  |                                       |                                    |
| (5) | LANDMARK SCHOOL                    | 429 HALE STREET<br>PRIDES CROSSING MA 01965             | 04-2429311 | 501C3                              | 114,000                  |                                  |  |                                       |                                    |
| (6) | LASELL COLLEGE                     | 1844 COMMONWEALTH AVE<br>NEWTON MA 02466                | 04-2103585 | 501C3                              | 12,500                   |                                  |  |                                       |                                    |
| (7) | LATINO SUPPORT NETWORK             | 140 UNION STREET, STE 203 # 205<br>LYNN MA 01901        | 47-1869515 | 501C3                              | 23,500                   |                                  |  |                                       |                                    |
| (8) | LAWRENCE BOYS & GIRLS CLUB INC     | 136 WATER STREET<br>LAWRENCE MA 01841-4722              | 04-2104377 | 501C3                              | 14,000                   |                                  |  |                                       |                                    |
| (9) | LAWRENCE COMMUNITY WORKS, INC.     | ATTN: ACCOUNTS RECEIVABLE<br>LAWRENCE MA 01841-3910     | 04-2982308 | 501C3                              | 294,000                  |                                  |  |                                       |                                    |

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

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

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OMB No. 1545-0047

Employer identification number  
**04-3407816**

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 2             | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---------------|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) LAWRENCE FAMILY DEVELOPMENT INC<br>DBA: LAWRENCE PROSPERA<br>LAWRENCE MA 01840                | MA 01840      | 04-3177142   | 501C3   | 93,500                          |                          |                                  |   |                                       |                                    |
| (2) LAWRENCE FAMILY DEVELOPMENT INC.<br>AKA: LAWRENCE FAMILY DEVELOPMENT & E<br>LAWRENCE MA 01841 | MA 01841      | 04-3177142   | 501C3   | 6,000                           |                          |                                  |   |                                       |                                    |
| (3) LAWRENCE GENERAL HOSPITAL<br>ONE GENERAL STREET<br>LAWRENCE MA 01842-0389                     | MA 01842-0389 | 04-2103586   | 501C3   | 30,000                          |                          |                                  |   |                                       |                                    |
| (4) LAWRENCE PARTNERSHIP<br>420 COMMON STREET<br>LAWRENCE MA 01840                                | MA 01840      | 47-1019447   | 501C3   | 263,500                         |                          |                                  |   |                                       |                                    |
| (5) LAWRENCE PUBLIC LIBRARY<br>51 LAWRENCE STREET<br>LAWRENCE MA 01841                            | MA 01841      | 04-2971014   | 501C3   | 6,000                           |                          |                                  |   |                                       |                                    |
| (6) LAWRENCE RECREATION DEPARTMENT<br>200 COMMON STREET<br>LAWRENCE MA 01840                      | MA 01840      | 501C3  | 10,000  |                                 |                          |                                  |   |                                       |                                    |
| (7) LAZARUS HOUSE INC.<br>412 HAMPSHIRE STREET<br>LAWRENCE MA 01841                               | MA 01841      | 04-2755382   | 501C3   | 81,026                          |                          |                                  |   |                                       |                                    |
| (8) LEADS INC<br>17 FERRY STREET<br>LAWRENCE MA 01841   | MA 01841      |  |         | 100,000                         |                          |                                  |   |                                       |                                    |
| (9) LEAP FOR EDUCATION, INC.<br>35 CONGRESS STREET, SUITE 102<br>SALEM MA 01970                   | MA 01970      | 47-1445061   | 501C3   | 61,500                          |                          |                                  |   |                                       |                                    |

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

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

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**Open to Public  
Inspection**

**2021**

OMB No. 1545-0047

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 2          | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) LEO INC.<br>156 BROAD STREET<br>LYNN MA 01901   | 04-2378885 | 501C3  | 126,500 |                                 |                          |                                  |   |                                       |                                    |
| (2) LOWELL COMMUNITY LOAN FUND INC.<br>DBA: MILL CITY COMMUNITY INVESTMENT<br>LAWRENCE MA 01840 | 04-3571892 | 501C3  | 250,000 |                                 |                          |                                  |   |                                       |                                    |
| (3) LUMINARTZ<br>PO BOX 6052<br>GLOUCESTER MA 01930   | 47-7322512 | 501C3  | 12,500  |                                 |                          |                                  |   |                                       |                                    |
| (4) LYNN COMMUNITY HEALTH INC<br>269 UNION STREET<br>LYNN MA 01901                              | 04-2525066 | 501C3  | 14,728  |                                 |                          |                                  |   |                                       |                                    |
| (5) MAKE THE ROAD STATES INC<br>301 GROVE ST<br>BROOKLYN NY 11237                               | 84-3988830 | 501C3  | 10,000  |                                 |                          |                                  |   |                                       |                                    |
| (6) MANASOTA SOLVE, INC.<br>DBA: SOLVE MATERNITY HOMES<br>BRADENTON FL 34205                    | 59-1683408 | 501C3  | 5,100   |                                 |                          |                                  |   |                                       |                                    |
| (7) MASSACHUSETTS AUDUBON SOCIETY, INC<br>208 SOUTH GREAT ROAD<br>LINCOLN MA 01773              | 04-2104702 | 501C3  | 54,809  |                                 |                          |                                  |   |                                       |                                    |
| (8) MASSACHUSETTS BAIL FUND INC<br>2161 MASSACHUSETTS AVENUE<br>CAMBRIDGE MA 02140              | 82-4924766 | 501C3  | 20,000  |                                 |                          |                                  |   |                                       |                                    |
| (9) MASSACHUSETTS GENERAL HOSPITAL<br>100 CAMBRIDGE STREET, SUITE 1310<br>BOSTON MA 02114       | 04-1564655 | 501C3  | 55,772  |                                 |                          |                                  |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and Government organizations listed in the line 1 table

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

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**2021**  
**Open to Public Inspection**

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

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

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

| 1   | 2 | (a) Name and address of organization<br>or government  | (b) EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|---|--|------------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) |   | MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br>STUDENT FINANCIAL SERVICES, ROOM 11<br>CAMBRIDGE MA 02139 | 04-2103594 | 501C3                              | 7,800                       |                                     |   |  |                                       |
| (2) |   | MENHEALING<br>1445 S HOYTSTVILLE ROAD<br>COALVILLE UT 84017  | 82-3764911 | 501C3                              | 10,000                      |                                     |   |  |                                       |
| (3) |   | MERCY SHIPS<br>P.O. BOX 1930<br>LINDALE TX 75771   | 26-2414132 | 501C3                              | 9,000                       |                                     |   |  |                                       |
| (4) |   | MERRIMACK COLLEGE<br>315 TURNPIKE STREET<br>NORTH ANDOVER MA 01845                                 | 04-2103731 | 501C3                              | 87,026                      |                                     |   |  |                                       |
| (5) |   | MERRIMACK RIVER WATERSHED COUNCIL<br>60 ISLAND STREET, SUITE 211-E<br>LAWRENCE MA 01840            | 04-2633281 | 501C3                              | 20,482                      |                                     |   |  |                                       |
| (6) |   | MERRIMACK VALLEY DREAM CENTER INC.<br>60 ISLAND AVENUE<br>LAWRENCE MA 01841                        | 81-4754411 | 501C3                              | 7,851                       |                                     |   |  |                                       |
| (7) |   | MERRIMACK VALLEY FOOD BANK, INC.<br>735 BROADWAY STREET<br>LOWELL MA 01854                         | 22-3241609 | 501C3                              | 25,000                      |                                     |   |  |                                       |
| (8) |   | MERRIMACK VALLEY IMMIGRANT AND EDUC<br>439 S UNION STREET<br>LAWRENCE MA 01843                     | 74-3093665 | 501C3                              | 13,000                      |                                     |   |  |                                       |
| (9) |   | MERRIMACK VALLEY PLANNING COMMISSION<br>160 MAIN STREET<br>HAVERHILL MA 01830                      | 04-3210256 | 501C3                              | 132,000                     |                                     |   |  |                                       |

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

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

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Inspection****2021**

OMB No. 1545-0047

**Schedule I (Form 990) (2021)**

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 1(a) Name and address of organization<br>or government  | 1(b) EIN   | 1(c) IRC<br>section<br>(if applicable) | 1(d) Amount of cash<br>grant | 1(e) Amount of<br>noncash assistance | 1(f) Method of valuation<br>(book, FMV, appraisal,<br>other) | 1(g) Description of<br>noncash assistance | 1(h) Purpose of grant<br>or assistance |
|-----|---|------------|--|------------------------------|--------------------------------------|--|---|--|
| (1) | MERRIMACK VALLEY SPARTANS FOOTBALL<br>272 BROADWAY, UNIT 1026<br>METHUEN MA 01844             | 84-4951910 | 501C3                                  | 5,500                        |                                      |  |   |  |
| (2) | MERRIMACK VALLEY YMCA - ADMINISTRAT<br>LAWRENCE MA 01843                                      | 04-2104378 | 501C3                                  | 42,925                       |                                      |  |   |  |
| (3) | METHUEN ARLINGTON NEIGHBORHOOD, INC<br>141 TENNEY STREET<br>METHUEN MA 01844-3810             | 04-3265830 | 501C3                                  | 10,000                       |                                      |  |   |  |
| (4) | METRO NORTH REGIONAL EMPLOYMENT BOA<br>186 ALLEWIFE BROOK PKWY, STE 216<br>CAMBRIDGE MA 02138 | 04-3279555 | 501C3                                  | 70,000                       |                                      |  |   |  |
| (5) | MICHAEL J. DIAS FOUNDATION<br>398 EAST STREET<br>LUDLOW MA 01056                              | 45-4675913 | 501C3                                  | 5,400                        |                                      |  |   |  |
| (6) | MIDCOAST CONSERVANCY<br>MIDCOAST CONSERVANCY<br>EDGECOMB ME 04556                             | 22-2658964 | 501C3                                  | 10,000                       |                                      |  |   |  |
| (7) | MILTON ACADEMY<br>170 CENTRE STREET<br>MILTON MA 02186  | 04-2103603 | 501C3                                  | 50,500                       |                                      |  |   |  |
| (8) | MONTSERRAT COLLEGE OF ART<br>23 ESSEX STREET<br>BEVERLY MA 01915                              | 52-1859814 | 501C3                                  | 203,250                      |                                      |  |   |  |
| (9) | MUSEUM OF FINE ARTS<br>465 HUNTINGTON AVENUE<br>BOSTON MA 02115                               | 04-2103607 | 501C3                                  | 100,000                      |                                      |  |   |  |

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

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**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 ESSEX COUNTY COMMUNITY FOUNDATION, INC.

**2021**

 Open to Public  
Inspection

OMB No. 1545-0047

Employer identification number

04 - 3 407816

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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**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  | 2          | 3                               | 4                        | 5                                | 6   | 7                                     | 8                                  | 9 |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|---|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |   |
| (1) MY BROTHER'S TABLE<br>98 WILLOW STREET<br>LYNN MA 01901                                  | 04-2794047 | 501C3                           | 12,500                   |                                  |   |                                       |                                    |   |
| (2) NATIONAL ASSOCIATION FOR THE ADVANCE AKA NAACP<br>BALTIMORE MD 21215                     | 61-6052607 | 501C3                           | 10,000                   |                                  |   |                                       |                                    |   |
| (3) NATIONAL NETWORK OF ABORTION FUNDS<br>9450 SW GEMINI DR. PMB 16009<br>BEAVERTON OR 97008 | 04-3236982 | 501C3                           | 10,000                   |                                  |   |                                       |                                    |   |
| (4) NATURE SACRED<br>105 ANNAPOLIS ST., SUITE D<br>ANNAPOLIS MD 21401                        | 42-1263576 | 501C3                           | 25,000                   |                                  |   |                                       |                                    |   |
| (5) NAVY SEAL FOUNDATION INC.<br>1619 D STREET<br>VIRGINIA BEACH VA 23459                    | 31-1728910 | 501C3                           | 25,000                   |                                  |   |                                       |                                    |   |
| (6) NEIGHBORS IN NEED<br>276 ESSEX STREET<br>LAWRENCE MA 01842                               | 22-2481699 | 501C3                           | 63,500                   |                                  |   |                                       |                                    |   |
| (7) NEW AMERICAN ASSOCIATION OF MASSACH 330 LYNNWAY, SUITE 302<br>LYNN MA 01901              | 04-3102943 | 501C3                           | 49,819                   |                                  |   |                                       |                                    |   |
| (8) NEXT LEVEL SOCIAL IMPACT PARTNERS I<br>TWO INTERNATIONAL PLACE<br>BOSTON MA 02110        | 84-4071583 | 501C3                           | 25,000                   |                                  |   |                                       |                                    |   |
| (9) NORTH ANDOVER HISTORICAL SOCIETY<br>153 ACADEMY ROAD<br>NORTH ANDOVER MA 01845-4037      | 04-2259628 | 501C3                           | 67,820                   |                                  |   |                                       |                                    |   |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**Grants and Other Assistance to Organizations,  
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 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**
**2021**  
**Open to Public Inspection**

OMB No. 1545-0047

Employer identification number

**04-3407816**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.
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|-----|---|---|------------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | NORTH ANDOVER MERCHANT ASSOCIATION<br>PO BOX 62   | MA 01845  | 81-2605015 | 501C3                              | 7,500                       |                                     |   |  |                                       |
| (2) | NORTH OF BOSTON LIBRARY EXCHANGE IN<br>DANVERS MA 01923                                 |   | 22-2712714 | 501C3                              | 23,125                      |                                     |   |  |                                       |
| (3) | NORTH SHORE COMMUNITY ACTION PROGRAM<br>119 REAR FOSTER STREET<br>PEABODY MA 01960      |   | 04-2385280 | 501C3                              | 90,000                      |                                     |   |  |                                       |
| (4) | NORTH SHORE COMMUNITY COLLEGE<br>1. FERNCROFT ROAD<br>DANVERS MA 01923                  |   | 22-2485476 | 501C3                              | 212,754                     |                                     |   |  |                                       |
| (5) | NORTH SHORE COMMUNITY DEVELOPMENT C<br>96 LAFAYETTE STREET, 2ND FLOOR<br>SALEM MA 01970 |   | 04-2686893 | 501C3                              | 133,500                     |                                     |   |  |                                       |
| (6) | NORTH SHORE JUNETEENTH ASSOCIATION<br>PO BOX 8049                                       | LYNN MA 01904   | 82-1028337 | 501C3                              | 5,574                       |                                     |   |  |                                       |
| (7) | NORTH SHORE WORKERS COMMUNITY FUND<br>AKA NEW LYNN COALITION<br>LYNN MA 01901           |   | 38-3851441 | 501C3                              | 185,228                     |                                     |   |  |                                       |
| (8) | NORTHEAST ARC, INC<br>1. SOUTHSIDE ROAD<br>DANVERS MA 01923-1973                        |   | 04-2232416 | 501C3                              | 411,750                     |                                     |   |  |                                       |
| (9) | NORTHEAST HOSPITAL CORPORATION<br>85 HERRICK STREET<br>BEVERLY MA 01915                 |   | 04-2121317 | 501C3                              | 7,500                       |                                     |   |  |                                       |

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

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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments**

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| 1  | 2          | 3                              | 4                        | 5                                | 6   | 7                                     | 8                                  |
|--|------------|--------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c)IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) NORTHEAST WILDERNESS TRUST<br>17 STATE STREET, SUITE 302<br>MONTPELIER VT 05602        | 01-0729039 | 501C3                          | 6,000                    |                                  |   |                                       |                                    |
| (2) NORTHEASTERN UNIVERSITY<br>ATTN: GENERAL SCHOLARSHIP - 354 RIC<br>BOSTON MA 02115      | 04-1679980 | 501C3                          | 36,200                   |                                  |   |                                       |                                    |
| (3) NORTHERN ESSEX COMMUNITY COLLEGE<br>100 ELLIOT STREET<br>HAVERHILL MA 01830            | 04-2667802 | 501C3                          | 18,564                   |                                  |   |                                       |                                    |
| (4) NORTHERN ESSEX COMMUNITY COLLEGE F<br>100 ELLIOTT STREET<br>HAVERHILL MA 01830         | 04-2759634 | 501C3                          | 45,500                   |                                  |   |                                       |                                    |
| (5) NOTRE DAME CRISTO REY HIGH SCHOOL<br>203 LAWRENCE STREET<br>METHUEN MA 01844           | 02-0296284 | 501C3                          | 18,000                   |                                  |   |                                       |                                    |
| (6) NOTRE DAME EDUCATION CENTER<br>354 MERRIMACK STREET, STE 210<br>LAWRENCE MA 01843-1755 | 04-3392507 | 501C3                          | 14,000                   |                                  |   |                                       |                                    |
| (7) OAKLAND MUSEUM OF CALIFORNIA<br>1000 OAK STREET<br>OAKLAND CA 94607                    | 45-3138892 | 501C3                          | 10,000                   |                                  |   |                                       |                                    |
| (8) OCEAN RIVER INSTITUTE<br>12 ELLIOT STREET<br>CAMBRIDGE MA 02138                        | 20-8273235 | 501C3                          | 38,000                   |                                  |   |                                       |                                    |
| (9) ONE LOVE FOUNDATION IN HONOR OF YEA<br>PO BOX 368<br>BRONXVILLE NY 10708               | 27-2904497 | 501C3                          | 25,000                   |                                  |   |                                       |                                    |

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
DAA**Open to Public Inspection****2021**

OMB No. 1545-0047

Employer identification number  
**04-3407816**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Open to Public Inspection****Schedule I (Form 990) (2021)**

**SCHEDULE I  
(Form 990)**
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | (a) Name and address of organization<br>or government                          | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|--|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | ONE MISSION INC<br>69 MILK STREET, SUITE 300<br>WESTBOROUGH MA 01581           | 26-3741880 | 501C3                                 | 8,000                       |                                     |   |  |                                       |
| (2) | OPEN DOOR CAPE ANN FOOD PANTRY, INC<br>28 EMERSON AVENUE MA 01930-2555         | 22-2513482 | 501C3                                 | 181,100                     |                                     |   |  |                                       |
| (3) | OPEN HEARTS MINISTRIES<br>217 MAIN STREET<br>HAVERHILL MA 01830                | 55-0881163 | 501C3                                 | 14,802                      |                                     |   |  |                                       |
| (4) | PATHWAYS FOR CHILDREN INC<br>29 EMERSON AVENUE MA 01930-2660                   | 04-2694002 | 501C3                                 | 106,589                     |                                     |   |  |                                       |
| (5) | PEABODY ESSEX MUSEUM<br>161 ESSEX STREET<br>SALEM MA 01970                     | 04-3157815 | 501C3                                 | 140,000                     |                                     |   |  |                                       |
| (6) | PETTENGILL HOUSE<br>21 WATER STREET, SUITE 4A<br>AMESBURY MA 01913             | 04-3287827 | 501C3                                 | 44,638                      |                                     |   |  |                                       |
| (7) | PHILADELPHIA VIP INC<br>1500 WALNUT STREET, STE 400<br>PHILADELPHIA PA 19102   | 23-2210390 | 501C3                                 | 10,000                      |                                     |   |  |                                       |
| (8) | PHILADELPHIANS ORGANIZED TO WITNESS<br>AKA POWER<br>PHILADELPHIA PA 19122      | 27-4327457 | 501C3                                 | 10,000                      |                                     |   |  |                                       |
| (9) | PHILANTHROPY MASSACHUSETTS<br>133 FEDERAL STREET, SUITE 802<br>BOSTON MA 02110 | 04-2457605 | 501C3                                 | 25,000                      |                                     |   |  |                                       |

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

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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|--|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) PHILLIPS ACADEMY<br>180 MAIN STREET<br>ANDOVER                               | MA 01810   | 04-2103579 | 501C3                           | 11,600                   |                                  |   |                                       |                                    |
| (2) PHILLIPS EXETER ACADEMY<br>20 MAIN STREET<br>EXETER                          | NH 03833-2460                                      | 02-0222174 | 501C3                           | 15,000                   |                                  |   |                                       |                                    |
| (3) PHOENIX CHARTER ACADEMY FOUNDATION<br>175 HAWTHORNE STREET<br>CHELSEA        | MA 02150   | 20-4761182 | 501C3                           | 69,435                   |                                  |   |                                       |                                    |
| (4) PINGREE SCHOOL<br>537 HIGHLAND STREET<br>SOUTH HAMILTON                      | MA 01982   | 04-2279977 | 501C3                           | 145,200                  |                                  |   |                                       |                                    |
| (5) PLAYWORKS EDUCATION ENERGIZED<br>67 KEMBLE STREET<br>BOSTON                  | MA 02119   | 94-3251867 | 501C3                           | 31,000                   |                                  |   |                                       |                                    |
| (6) PLUMMER YOUTH PROMISE<br>37 WINTER ISLAND ROAD<br>SALEM                      | MA 01970   | 04-2104844 | 501C3                           | 53,250                   |                                  |   |                                       |                                    |
| (7) POLICE ASSISTED ADDICTION AND RECOV<br>186 MAIN STREET, STE 34<br>GLOUCESTER | MA 01930   | 47-4235159 | 501C3                           | 50,000                   |                                  |   |                                       |                                    |
| (8) POMONA COLLEGE<br>333 N COLLEGE WAY<br>CLAREMONT                             | CA 91711   | 95-1664112 | 501C3                           | 16,000                   |                                  |   |                                       |                                    |
| (9) POSITIVE EXPOSURE PRODUCTIONS, INC.<br>AKA: POSITIVE EXPOSURE<br>NEW YORK    | NY 10003   | 02-0536768 | 501C3                           | 6,800                    |                                  |   |                                       |                                    |

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

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

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Inspection

OMB No. 1545-0047

**Schedule I (Form 990) (2021)**

**SCHEDULE I  
(Form 990)**
**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.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1  | 2          | 3                                     | 4                           | 5                                   | 6   | 7  | 8                                     | 9 |
|--|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|---|
| (a) Name and address of organization<br>or government  | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |   |
| (1) PRESIDENT & TRUSTEES OF COLBY COLLEGE<br>4120 MAYFLOWER HILL DRIVE<br>WATERVILLE ME 04901-8841 | 01-0211497 | 501C3                                 | 15,000                      |                                     |   |  |                                       |   |
| (2) PRESIDENT AND FELLOWS OF HARVARD COLLEGE<br>D/B/A HARVARD UNIVERSITY<br>CAMBRIDGE MA 02138     | 04-2103580 | 501C3                                 | 133,000                     |                                     |   |  |                                       |   |
| (3) PROFESSIONAL CENTER FOR HANDICAPPED<br>AKA: PROFESSIONAL CENTER FOR CHILD<br>ANDOVER MA 01810  | 04-2800853 | 501C3                                 | 35,500                      |                                     |   |  |                                       |   |
| (4) PROJECT ADVENTURE<br>719 CABOT STREET<br>BEVERLY MA 01915                                      | 04-2749823 | 501C3                                 | 79,482                      |                                     |   |  |                                       |   |
| (5) PROJECT HOME AGAIN<br>PO BOX 1236<br>ANDOVER MA 01810  | 47-2261131 | 501C3                                 | 6,500                       |                                     |   |  |                                       |   |
| (6) PROTECT DEMOCRACY PROJECT<br>2020 PENNSYLVANIA AVE NW STE 163<br>WASHINGTON DC 20006           | 81-4777062 | 501C3                                 | 10,000                      |                                     |   |  |                                       |   |
| (7) PROVIDENCE COUNTRY DAY SCHOOL<br>660 WATERMAN AVENUE<br>EAST PROVIDENCE RI 02914-1724          | 05-0258934 | 501C3                                 | 10,000                      |                                     |   |  |                                       |   |
| (8) RAR-MA INC.<br>AKA RAISING A READER MASSACHUSETTS<br>BOSTON MA 02108                           | 80-0297898 | 501C3                                 | 20,000                      |                                     |   |  |                                       |   |
| (9) RAW ART WORKS<br>37 CENTRAL SQUARE, 2ND FLOOR<br>LYNN MA 01901                                 | 22-2854850 | 501C3                                 | 18,500                      |                                     |   |  |                                       |   |

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

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**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service

 Name of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**
**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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**Open to Public Inspection**
**2021**

 Employer identification number  
**04-3407816**
**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   | 2  | 3           | (a) Name and address of organization<br>or government | (b) EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|--|-------------|---|------------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | REFUGEE AND IMMIGRANT ASSISTANCE COUNCIL OF LYNN | MA 01901    | 330 LYNNWAY   | 04-3430294 | 501C3                              | 10,500                      |                                     |   |  |                                       |
| (2) | REFUGEE PROTECTION INTERNATIONAL                 | BELMONT     | 5 BOW ROAD  | 02478      | 47-5417614                         | 501C3                       | 17,800                              |   |  |                                       |
| (3) | RIAN IMMIGRANT CENTER INC.                       | BOSTON      | ONE STATE STREET, SUITE 800                           | 02109      | 04-3063382                         | 501C3                       | 50,000                              |   |  |                                       |
| (4) | ROCA, INC.                                       | CHICAGO     | 101 PARK STREET                                       | 02150      | 22-3223641                         | 501C3                       | 10,000                              |   |  |                                       |
| (5) | ROCKPORT MUSIC                                   | ROCKPORT    | 16 MAIN STREET  | 01966      | 22-2479696                         | 501C3                       | 8,500                               |   |  |                                       |
| (6) | ROOM TO GROW NATIONAL INC                        | BOSTON      | 400 SHAWMUT AVENUE                                    | 02118      | 13-4012096                         | 501C3                       | 20,000                              |   |  |                                       |
| (7) | ROOT NS, INC.                                    | SALEM       | SHETLAND PARK   | 01970      | 47-5454938                         | 501C3                       | 163,201                             |   |  |                                       |
| (8) | ROZALIA PROJECT                                  | PO BOX 3075 | BURLINGTON  | VT 05408   | 27-2274099                         | 501C3                       | 6,000                               |   |  |                                       |
| (9) | SAIL SALEM                                       | SALEM       | 23 GLENDALE STREET                                    | MA 01970   | 20-8157756                         | 501C3                       | 7,000                               |   |  |                                       |

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**Schedule I (Form 990) (2021)**

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

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

| 1   | 1(a) Name and address of organization<br>or government                | 1(b) EIN | 1(c) IRC section<br>(if applicable) | 1(d) Amount of cash<br>grant | 1(e) Amount of<br>noncash assistance | 1(f) Method of valuation<br>(book, FMV, appraisal,<br>other) | 1(g) Description of<br>noncash assistance | 1(h) Purpose of grant<br>or assistance |
|-----|---|----------|-------------------------------------|------------------------------|--------------------------------------|--|---|--|
| (1) | SAINt JOHN'S EPISCOPAL CHURCH<br>PO BOX 5610<br>BEVERLY               | MA 01915 | 04-3174834                          | 501C3                        | 6,000                                |  |   |  |
| (2) | SALEM MISSION INC.<br>AKA LIFEBRIDGE<br>SALEM                         | MA 01970 | 20-4539306                          | 501C3                        | 37,967                               |  |   |  |
| (3) | SALEM PANTRY<br>PO BOX 295<br>SALEM                                   | MA 01970 | 20-1691756                          | 501C3                        | 75,500                               |  |   |  |
| (4) | SALEM STATE UNIVERSITY<br>352 LAFAYETTE STREET<br>SALEM               | MA 01970 | 04-2620632                          | 501C3                        | 14,800                               |  |   |  |
| (5) | SAVE THE CHILDREN<br>501 KINGS HIGHWAY EAST SUITE 400<br>FAIRFIELD    | CT 06825 | 06-0726487                          | 501C3                        | 6,000                                |  |   |  |
| (6) | SAWYER FREE LIBRARY FOUNDATION<br>2 DALE AVENUE<br>GLOUCESTER         | MA 01930 | 84-2837206                          | 501C3                        | 50,000                               |  |   |  |
| (7) | SCIENCE FROM SCIENTISTS INC.<br>1 DEANGELO DRIVE<br>BEDFORD           | MA 01730 | 20-0792574                          | 501C3                        | 15,000                               |  |   |  |
| (8) | SELF ESTEEM BOSTON EDUCATION INSTIT<br>PO BOX 301155<br>JAMAICA PLAIN | MA 02130 | 04-3213321                          | 501C3                        | 35,000                               |  |   |  |
| (9) | SHARE OUR STRENGTH INC<br>AKA NO KID HUNGRY<br>WASHINGTON             | DC 20005 | 52-1367538                          | 501C3                        | 15,000                               |  |   |  |

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 ▶ Attach to Form 990.

 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**

 OMB No. 1545-0047  
**2021**  
 Open to Public  
 Inspection

Name of the organization

**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**Employer identification number  
**04-3407816**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.
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**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.

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|-----|--|---------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | SHARING FOUNDATION<br>PO BOX 600<br>CONCORD                          | MA 01742      | 01-0518534                      | 501C3                    | 40,600                           |   |                                       |                                    |
| (2) | SHORE COUNTRY DAY SCHOOL<br>545 CABOT STREET<br>BEVERLY              | MA 01915      | 04-2104926                      | 501C3                    | 18,000                           |   |                                       |                                    |
| (3) | SI SE PUEDE, INC.<br>68 MELVIN STREET<br>LAWRENCE                    | MA 01841-5203 | 22-2632181                      | 501C3                    | 16,500                           |   |                                       |                                    |
| (4) | SMA FATHERS INC<br>AKA: SOCIETY OF AFRICAN MISSIONS<br>TENEFLY       | NJ 07670      | 22-6096615                      | 501C3                    | 6,500                            |   |                                       |                                    |
| (5) | SMALL THINGS INC.<br>PO BOX 41156<br>PHILADELPHIA                    | PA 19127      | 85-3741798                      | 501C3                    | 10,000                           |   |                                       |                                    |
| (6) | SOBER SISTERS RECOVERY<br>PO BOX 810<br>SOMERSWORTH                  | NH 03878      | 47-4485250                      | 501C3                    | 9,200                            |   |                                       |                                    |
| (7) | SOCIAL VENTURE PARTNERS CONNECTICUT<br>50 CHARLES STREET<br>WESTPORT | CT 06880      | 85-1704762                      | 501C3                    | 10,000                           |   |                                       |                                    |
| (8) | SOUTH CHURCH IN ANDOVER<br>41 CENTRAL STREET<br>ANDOVER              | MA 01810      |                                 | 501C3                    | 16,500                           |   |                                       |                                    |
| (9) | SPUR, INC.<br>PO BOX 1274<br>MARBLEHEAD                              | MA 01945      | 47-2014980                      | 501C3                    | 18,000                           |   |                                       |                                    |

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 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 ESSEX COUNTY COMMUNITY FOUNDATION, INC.

 OMB No. 1545-0047  
**2021**  
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 Employer identification number  
 04 - 3 407816

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| 1   | 2   | (a) Name and address of organization<br>or government | (b) EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|---|---|------------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | ST. BONIFACE HAITI FOUNDATION INC   | AKA: HEALTH EQUITY INTERNATIONAL<br>MA 02459          | 04-3067595 | 501C3                              | 7,000                       |                                     |   |  |                                       |
| (2) | ST. JOHN'S PREPARATORY SCHOOL<br>72 SPRING STREET<br>DANVERS                  | MA 01923  | 04-2104875 | 501C3                              | 237,500                     |                                     |   |  |                                       |
| (3) | ST. JOSEPH SCHOOL<br>15 GOULD STREET<br>WAKEFIELD                             | MA 01880  | 36-2373446 | 501C3                              | 15,000                      |                                     |   |  |                                       |
| (4) | ST. MARY OF THE ANNUNCIATION PARISH<br>4 MYRTLE STREET<br>MELROSE             | MA 02176-3806   |            | 501C3                              | 14,000                      |                                     |   |  |                                       |
| (5) | ST. MARY, STAR OF THE SEA PARISH<br>4280 GULF OF MEXICO DRIVE<br>LONGBOAT KEY | FL 34228  | 59-6015970 | 501C3                              | 8,000                       |                                     |   |  |                                       |
| (6) | ST. PAUL'S CHURCH<br>166 HIGH STREET<br>NEWBURYPORT                           | MA 01950  | 04-2106766 | 501C3                              | 8,087                       |                                     |   |  |                                       |
| (7) | ST. STEPHENS CHURCH<br>31 LENOX STREET<br>BOSTON                              | MA 02118  | 04-2515730 | 501C3                              | 10,000                      |                                     |   |  |                                       |
| (8) | STEPHEN SILLER TUNNEL TO TOWERS FOU<br>2361 HYLAN BLVD<br>STATEN ISLAND       | NY 10306  | 02-0554654 | 501C3                              | 5,500                       |                                     |   |  |                                       |
| (9) | SUENOS BASKETBALL<br>2 LINDEN STREET<br>ANDOVER                               | MA 01841  | 47-4540840 | 501C3                              | 13,000                      |                                     |   |  |                                       |

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

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

**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service

 Name of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**
**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 2                                     | (a) Name and address of organization or government | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---------------------------------------|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | TECH GOES HOME INCORPORATED           | 131 DARTMOUTH STREET, 3RD FLOOR<br>MA 02116        | 20-8629591 | 501C3                           | 100,000                  |                                  |   |                                       |                                    |
| (2) | THE CORNERSTONE CREATIVE INC          | 146 MAIN ST APT 2<br>GLOUCESTER MA 01930           | 83-4250760 | 501C3                           | 8,000                    |                                  |   |                                       |                                    |
| (3) | THE OHIO ORGANIZING COLLABORATIVE     | 25 E BOARDMAN STREET #230<br>YOUNGSTOWN OH 44503   | 26-1601472 | 501C3                           | 10,000                   |                                  |   |                                       |                                    |
| (4) | THE OUTREACH PROGRAM, INC.            | 301 CENTER STREET<br>UNION IA 50258                | 20-0636360 | 501C3                           | 75,000                   |                                  |   |                                       |                                    |
| (5) | THE REAL PROGRAM, INC.                | PAYNE FAMILY LITERACY HOUSE<br>LYNN MA 01902       | 46-3105431 | 501C3                           | 19,000                   |                                  |   |                                       |                                    |
| (6) | THREE SISTERS GARDEN PROJECT INC      | 10 JEFFERY'S NECK ROAD<br>IPSWICH MA 01938         | 82-5144854 | 501C3                           | 20,450                   |                                  |   |                                       |                                    |
| (7) | TIMANOUS FOUNDATION                   | 23 PAWSON ROAD<br>BRANFORD CT 06405                | 35-2580434 | 501C3                           | 80,000                   |                                  |   |                                       |                                    |
| (8) | TLE CENTER FOR URBAN ENTREPRENEURSHIP | 75 ARLINGTON STREET, STE 500<br>MA 02116           | 47-4094656 | 501C3                           | 115,000                  |                                  |   |                                       |                                    |
| (9) | TOP NOTCH SCHOLARS INC.               | 60 ISLAND STREET<br>LAWRENCE MA 01840              | 46-4527723 | 501C3                           | 100,000                  |                                  |   |                                       |                                    |

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

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

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

**Open to Public Inspection**
**2021**

OMB No. 1545-0047

 Employer identification number  
**04-3407816**

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

**Schedule I (Form 990) (2021)**

**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 ESSEX COUNTY COMMUNITY FOUNDATION, INC.

**2021**  
 Open to Public Inspection

 Employer identification number  
 04 - 3407816

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1   | 2                                   | (a) Name and address of organization<br>or government | (b) EIN  | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|-------------------------------------|---|----------|------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | TOWN OF ANDOVER                     | 36 BARTLET STREET<br>ANDOVER                          | MA 01810 |                                    |                             | 51,500                              |   |  |                                       |
| (2) | TOWN OF GEORGETOWN                  | COUNCIL ON AGING<br>GEORGETOWN                        | MA 01833 | 501C3                              | 20,000                      |                                     |   |  |                                       |
| (3) | TOWN OF SWAMPSMOTT                  | 22 MONUMENT AVENUE<br>SWAMPSMOTT                      | MA 01907 | 501C3                              | 150,000                     |                                     |   |  |                                       |
| (4) | TRUSTEES OF PHILLIPS ACADEMY        | 180 MAIN ST<br>ANDOVER                                | MA 01810 | 04-2103579                         | 501C3                       | 10,000                              |   |  |                                       |
| (5) | TRUSTEES OF RESERVATIONS            | 200 HIGH STREET 4TH FLOOR<br>BOSTON                   | MA 02110 | 04-2105780                         | 501C3                       | 50,900                              |   |  |                                       |
| (6) | TUFTS MEDICAL CENTER PARENT INC     | 800 WASHINGTON STREET, #231<br>BOSTON                 | MA 02111 | 04-2810022                         | 501C3                       | 125,000                             |   |  |                                       |
| (7) | TUFTS UNIVERSITY                    | 419 BOSTON AVENUE<br>MEDFORD                          | MA 02155 | 04-2103634                         | 501C3                       | 13,140                              |   |  |                                       |
| (8) | UNITED STATES FUND FOR UNICEF       | 125 MAIDEN LANE<br>NEW YORK CITY                      | NY 10038 | 13-1760110                         | 501C3                       | 8,000                               |   |  |                                       |
| (9) | UNITED WAY OF CENTRAL ALABAMA, INC. | 3600 8TH AVENUE SOUTH<br>BIRMINGHAM                   | AL 35232 | 63-0288846                         | 501C3                       | 10,000                              |   |  |                                       |

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

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
**ESSEX COUNTY COMMUNITY FOUNDATION, INC.**

 OMB No. 1545-0047  
**2021**  
 Open to Public  
 Inspection

 Employer identification number  
**04-3407816**  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

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

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

| 1   | 2  | 3   | (a) Name and address of organization<br>or government | (b) EIN | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
|-----|--|---|---|---------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (1) | UNIVERSITY OF MASSACHUSETTS - BOSTON     | 100 WM T. MORRISSEY BLVD.<br>BOSTON MA 02125-3393 | 04-3167352  | 501C3   |                                       | 15,000                      |                                     |   |  |                                       |
| (2) | UNIVERSITY OF MASSACHUSETTS AMHERST      | 215 WHITMORE BUILDING<br>AMHERST MA 01003         | 54-2084125  | 501C3   |                                       | 25,000                      |                                     |   |  |                                       |
| (3) | UNIVERSITY OF MASSACHUSETTS LOWELL       | 220 PAWTUCKET STREET<br>LOWELL MA 01854           | 04-3167352  | 501C3   |                                       | 38,000                      |                                     |   |  |                                       |
| (4) | UTEC, INC                                | 15 WARREN STREET, NO. 3<br>LOWELL MA 01852        | 38-36669532   | 501C3   |                                       | 9,500                       |                                     |   |  |                                       |
| (5) | VNA CARE NETWORK INC.                    | 199 ROSEWOOD DRIVE, SUITE 180<br>DANVERS MA 01923 | 04-2103825  | 501C3   |                                       | 21,309                      |                                     |   |  |                                       |
| (6) | WELCOME IMMIGRANT NETWORK                | 15 WARREN STREET<br>PEABODY MA 01960              | 82-5500713  | 501C3   |                                       | 33,607                      |                                     |   |  |                                       |
| (7) | WELLSPRING HOUSE INC.                    | 302 ESSEX AVENUE<br>GLOUCESTER MA 01930           | 04-2735048  | 501C3   |                                       | 140,550                     |                                     |   |  |                                       |
| (8) | WEST GLOUCESTER TRINITARIAN CONGREGATION | 488 ESSEX AVENUE<br>GLOUCESTER MA 01930           |   | 501C3   |                                       | 8,000                       |                                     |   |  |                                       |
| (9) | WILLIAMS COLLEGE                         | 75 PARK STREET<br>WILLIAMSTOWN MA 01267           | 04-2104847  | 501C3   |                                       | 21,000                      |                                     |   |  |                                       |

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

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

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

**SCHEDULE I  
(Form 990)**
**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.

 Department of the Treasury  
 Internal Revenue Service  
**ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.**
**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ..... ▶ Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.
**Name of the organization**  
**Employer identification number**  
**04-3407816**
**Open to Public  
Inspection**  
**2021**

OMB No. 1545-0047

**Part II Grants and Other Assistance to 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  | 2          | 3                                     | 4                           | 5                                   | 6   | 7  | 8                                     |
|--|------------|---------------------------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization<br>or government  | (b) EIN    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
| (1) WOODWELL CLIMATE RESEARCH CENTER<br>149 WOODS HOLE ROAD<br>FALMOUTH MA 02540-1644        | 04-3005094 | 501C3                                 | 20,000                      |                                     |   |  |                                       |
| (2) WORCESTER POLYTECHNIC INSTITUTE<br>100 INSTITUTE ROAD<br>WORCESTER MA 01609              | 04-2121659 | 501C3                                 | 5,500                       |                                     |   |  |                                       |
| (3) WORLD CENTRAL KITCHEN INC<br>200 MASSACHUSETTS AVE., NW 7TH FLOOR<br>WASHINGTON DC 20001 | 27-3521132 | 501C3                                 | 21,200                      |                                     |   |  |                                       |
| (4) YMCA OF METRO NORTH<br>2 CENTENNIAL DRIVE, SUITE 390B<br>BEABODY MA 01960                | 04-2105883 | 501C3                                 | 24,000                      |                                     |   |  |                                       |
| (5) YMCA OF THE NORTH SHORE INC.<br>200 CUMMING'S CENTER, SUITE 173D<br>BEVERLY MA 01915     | 04-2104913 | 501C3                                 | 53,961                      |                                     |   |  |                                       |
| (6) YOUTH DEVELOPMENT ORGANIZATION, INC<br>15 UNION STREET #563<br>LAWRENCE MA 01840         | 04-3571721 | 501C3                                 | 42,500                      |                                     |   |  |                                       |
| (7) YOUTHSERVE INC<br>2717 7TH AVENUE S., #105<br>BIRMINGHAM AL 35233                        | 63-1278901 | 501C3                                 | 10,000                      |                                     |   |  |                                       |
| (8) YWCA NEWBURYPORT<br>13 MARKET STREET<br>NEWBURYPORT MA 01950                             | 04-2123678 | 501C3                                 | 15,800                      |                                     |   |  |                                       |
| (9) YWCA NORTHEASTERN MASSACHUSETTS<br>38 LAWRENCE STREET<br>LAWRENCE MA 01840               | 04-2130847 | 501C3                                 | 6,000                       |                                     |   |  |                                       |

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

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

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

**Schedule I (Form 990) (2021) ESSEX COUNTY COMMUNITY****04 - 3407816****Page 2****Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS.....

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.

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

OMB No. 1545-0047

**2021**

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.

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as maid, chauffeur, chef)

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

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

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

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 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 |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a | X   |    |
| 4b | X   |    |
| 4c | X   |    |
| 5a | X   |    |
| 5b | X   |    |
| 6a | X   |    |
| 6b | X   |    |
| 7  | X   |    |
| 8  | X   |    |
| 9  |     |    |

**Schedule J (Form 990) 2021  
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****04-3407816****Page 2**

For each individual whose compensation must be reported on Schedule J, report compensation from the organization or row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                     | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| M ELIZABETH FRANCIS | (i) 182,346  | 0                                   | 0                                   | 0  | 0                       | 6,147                           | 188,493   |
| 1 PRESIDENT AND CEO | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| STRATTON LLOYD      | (i) 150,679  | 0                                   | 0                                   | 0  | 0                       | 19,685                          | 170,364   |
| 2 COO               | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 4                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 5                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 6                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 7                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 8                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 9                   | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 10                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 11                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 12                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 13                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 14                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 15                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |
| 16                  | (i) .....  | .....                               | .....                               | .....  | .....                   | .....                           | .....   |

**Schedule J (Form 990) 2021 E.SSEX COUNTY COMMUNITY****Part III Supplemental Information****04 - 3407816****Page 3**

**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.**

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**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

FOUNDATION, INC.

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

OMB No. 1545-0074

**2021****Open To Public  
Inspection**

Employer identification number

04-3407816

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|--|--|--|
| 1 Art—Works of art .....  |                               |  |  |  |
| 2 Art—Historical treasures .....  |                               |  |  |  |
| 3 Art—Fractional interests .....  |                               |  |  |  |
| 4 Books and publications .....  |                               |  |  |  |
| 5 Clothing and household<br>goods .....   |                               |  |  |  |
| 6 Cars and other vehicles .....   |                               |  |  |  |
| 7 Boats and planes .....  |                               |  |  |  |
| 8 Intellectual property .....   |                               |  |  |  |
| 9 Securities—Publicly traded .....  |                               |  |  |  |
| 10 Securities—Closely held stock .....  |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests .....   |                               |  |  |  |
| 12 Securities—Miscellaneous .....   |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures .....  |                               |  |  |  |
| 14 Qualified conservation<br>contribution—Other .....   |                               |  |  |  |
| 15 Real estate—Residential .....  |                               |  |  |  |
| 16 Real estate—Commercial .....   |                               |  |  |  |
| 17 Real estate—Other .....  |                               |  |  |  |
| 18 Collectibles .....   |                               |  |  |  |
| 19 Food inventory .....   |                               |  |  |  |
| 20 Drugs and medical supplies .....   |                               |  |  |  |
| 21 Taxidermy .....  |                               |  |  |  |
| 22 Historical artifacts .....   |                               |  |  |  |
| 23 Scientific specimens .....   |                               |  |  |  |
| 24 Archeological artifacts .....  |                               |  |  |  |
| 25 Other ►(.....)   |                               |  |  |  |
| 26 Other ►(.....)   |                               |  |  |  |
| 27 Other ►(.....)   |                               |  |  |  |
| 28 Other ►(.....)   |                               |  |  |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for<br>which the organization completed Form 8283, Part V, 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?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |

## Schedule M (Form 990) 2021 ESSEX COUNTY COMMUNITY

04-3407816

Page 2

**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)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or Form 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.

Employer identification number

\* \* - \* \* \* 7816

**FORM 990 - 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 LEADERSHIP WORK THAT EFFECTS CHANGE IN ESSEX COUNTY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE CFO REVIEWS THE RETURN AND 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 AND FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY. EACH TRUSTEE REVIEWS AND SIGNS A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY AND THE CHAIRS REMIND COMMITTEE MEMBERS OF THE POLICY WHEN APPROPRIATE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL STUDIES FOR GUIDANCE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS. THE PRESIDENT APPROVES THE COO'S COMPENSATION USING EXTERNAL STUDIES FOR GUIDANCE.

## Schedule O (Form 990) 2021

Page 2

Name of the organization

ESSEX COUNTY COMMUNITY

Employer identification number

\*\*\*-\*\*\*7816

## FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

## FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

|  |                      |
|--|----------------------|
| CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS        | \$ -1,843,179        |
| PROGRAM EVENT EXPENSES                         | \$ -15,079           |
| GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS | \$ 184,607           |
| PROGRAM EVENT EXPENSES                         | \$ 15,079            |
| <b>TOTAL</b>                                   | <b>\$ -1,658,572</b> |

**SCHEDULE R  
(Form 990)**
**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.  
► Attach to Form 990.

**2021**
**Open to Public Inspection**
**OMB No. 1545-0047**

Name  
Employer identification number  
**04-3407816**

**Part I**
**Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ECCF REAL ESTATE LLC<br>175 ANDOVER STREET<br>DANVERS MA 01923  | REAL ESTAT              | MA   |                     |                           | ESSEX COUN                       |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|
| (1)   |                         |  |                            |   |                                  | Yes <b>No</b>                                |
| (2)   |                         |  |                            |   |                                  |  |
| (3)   |                         |  |                            |   |                                  |  |
| (4)   |                         |  |                            |   |                                  |  |
| (5)   |                         |  |                            |   |                                  |  |

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

| (a) | Name, address, and EIN of related organization | (b) | Primary activity | (c) | Legal domicile (state or foreign country) | (d) | Direct controlling entity | (e) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) | Share of total income | (g) | Share of end-of-year assets | (h) | Disproportionate alloc.? | (i) | Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) | General or managing partner? | (k) | Percentage ownership |  |  |
|-----|--|-----|------------------|-----|---|-----|---------------------------|-----|---|-----|-----------------------|-----|-----------------------------|-----|--------------------------|-----|---|-----|------------------------------|-----|----------------------|--|--|
|     |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                          |     |   |     |                              | Yes | No                   |  |  |
| (1) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                          |     |   |     |                              |     |                      |  |  |
| (2) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                          |     |   |     |                              |     |                      |  |  |
| (3) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                          |     |   |     |                              |     |                      |  |  |
| (4) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                          |     |   |     |                              |     |                      |  |  |

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

| (a) | Name, address, and EIN of related organization | (b) | Primary activity | (c) | Legal domicile (state or foreign country) | (d) | Direct controlling entity | (e) | Type of entity (C corp, S corp, or trust) | (f) | Share of total income | (g) | Share of end-of-year assets | (h) | Percentage ownership | (i) | Section 512(b)(13) controlled entity? | (j) | Yes | No |  |  |  |
|-----|--|-----|------------------|-----|---|-----|---------------------------|-----|---|-----|-----------------------|-----|-----------------------------|-----|----------------------|-----|---------------------------------------|-----|-----|----|--|--|--|
|     |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                      |     |                                       |     |     |    |  |  |  |
| (1) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                      |     |                                       |     |     |    |  |  |  |
| (2) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                      |     |                                       |     |     |    |  |  |  |
| (3) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                      |     |                                       |     |     |    |  |  |  |
| (4) |  |     |                  |     |   |     |                           |     |   |     |                       |     |                             |     |                      |     |                                       |     |     |    |  |  |  |

## Schedule R (Form 990) 2021 ESSEX COUNTY COMMUNITY

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**Part V****Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s) .....

g Sale of assets to related organization(s) .....

h Purchase of assets from related organization(s) .....

i Exchange of assets with related organizations(s) .....

j Lease of facilities, equipment, or other assets to related organization(s) .....

k Lease of facilities, equipment, or other assets from related organization(s) .....

l Performance of services or membership or fundraising solicitations for related organization(s) .....

m Performance of services or membership or fundraising solicitations by related organization(s) .....

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....

o Sharing of paid employees with related organization(s) .....

p Reimbursement paid to related organization(s) for expenses .....

q Reimbursement paid by related organization(s) for expenses .....

r Other transfer of cash or property to related organization(s) .....

s Other transfer of cash or property from related organization(s) .....

- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
- | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

## Schedule R (Form 990) 2021 ESSEX COUNTY COMMUNITY

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**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|--|---|---------------------------------|--|---|---|---|----|--------------------------------|
|   |                         |   |  |   |                                 |  |   |   | Yes                                       | No |                                |
| (1)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (2)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (3)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (4)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (5)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (6)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (7)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (8)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (9)                                     |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (10)                                    |                         |   |  |   |                                 |  |   |   |   |    |                                |
| (11)                                    |                         |   |  |   |                                 |  |   |   |   |    |                                |

## Schedule R (Form 990) 2021 ESSEX COUNTY COMMUNITY

04-3407816

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**Part VII****Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)Name(s) shown on return **ESSEX COUNTY COMMUNITY FOUNDATION, INC.**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****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 | 1,050,000 |
| 2 Total cost of section 179 property placed in service (see instructions) .....  | 2 |           |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....   | 3 | 2,620,000 |
| 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 |           |

| (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 <b>smaller</b> of line 5 or line 8 .....  | 9  |  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 .....   | 10 |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions ..... | 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 2022. 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. See instructions.)**

|   |    |       |
|---|----|-------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions ..... | 14 |       |
| 15 Property subject to section 168(f)(1) election .....   | 15 |       |
| 16 Other depreciation (including ACRS) .....  | 16 | 3,648 |

**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 2021 .....  | 17                       | 0 |
| 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 ..... | <input type="checkbox"/> |   |

**Section B—Assets Placed in Service During 2021 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 2021 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 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 instructions ..... | 22 | 3,648 |
| 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 |       |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**Depreciation and Amortization  
(Including Information on Listed Property)**

► Attach to your tax return.

► Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**Attachment Sequence No. **179**

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL**

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE

MAURA HEALEY  
ATTORNEY GENERAL

BOSTON, MASSACHUSETTS 02108

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

**Form PC**

**Report for the Fiscal Period:** 07/01/2021 to 06/30/2022

**AG Account #:** 037581      **Federal ID #:** 04-3407816

**Electronic Payment Confirmation #:** \_\_\_\_\_  
*Attach printout of electronic payment confirmation.*

**Electronic Payment Date:** \_\_\_\_\_

When did the organization first engage in  
charitable work in Massachusetts? 01/28/1998

Has 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): 3

If exempt under 501(c), are contributions to the organization  
tax deductible as charitable contributions?  Yes       No

**Check all items attached  
(if applicable)**

- 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 Data**

ESSEX COUNTY COMMUNITY  
Name: FOUNDATION, INC.

Mailing Address: 175 ANDOVER STREET, SUITE 101

City: DANVERS      State: MA      Zip: 01923

Phone Number: 978-777-8876      Fax Number: \_\_\_\_\_

Email: B.FRANCIS@ECCF.COM      Website: 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:

Office Use Only: Payment Received

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

Testamentary Trust

Unincorporated Association

Inter Vivos Trust

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "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 | 23,527,609 |
| B.             | Gross support and revenue                                  | 25,866,024 |
| C.             | Program services and similar amounts paid out              | 16,892,671 |
| D.             | Fundraising expenses                                       | 359,070    |
| E.             | Management and general expenses                            | 1,214,352  |
| F.             | Payments to affiliates                                     |            |
| G.             | Total expenses   | 18,466,093 |
| H.             | Net assets or fund balances at the end of the year         | 97,842,545 |

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

|    | Name/Title                                | Hrs/<br>Week | Salary and<br>Other Income | Benefit Plans | Other<br>Compensation |
|----|---|--------------|----------------------------|---------------|-----------------------|
| 1. | M. ELIZABETH FRANCIS<br>PRESIDENT AND CEO | 40.00        | 194,269                    | 5,700         | 447                   |
| 2. | STRATTON C. LLOYD<br>COO AND EVP          | 40.00        | 172,540                    | 4,941         | 14,744                |
| 3. | J. BRITTON HUTCHINS<br>CFO                | 40.00        | 124,519                    | 5,400         | 14,734                |
| 4. | STACEY LANDRY<br>VP ADVANCEMENT           | 40.00        | 135,696                    | 3,868         | 429                   |
| 5. | CAROL SCHUSTER<br>VP                      | 40.00        | 120,815                    | 3,545         | 14,708                |

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

1022

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. | ARCHIPELAGO STRATEGIES GROUP | 681,625                | MARKETING          |
| 2. | GREATER HORIZON              | 109,404                | ACCOUNTING         |
| 3. | KAREN RISTUBEN               | 85,000                 | GRANT CONSULT      |
| 4. | REBECCA TURNER               | 66,341                 | NONPROFIT SVCS     |
| 5. | KATHLEEN MACHET              | 62,800                 | GRANT CONSULT      |

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

| Bank                        | Address                                       | Phone Number |
|-----------------------------|---|--------------|
| BANK OF AMERICA             | 100 FEDERAL STREET<br>BOSTON MA 02110         | 617-434-4551 |
| M&T BANK                    | 25 RAILROAD AVENUE<br>SOUTH HAMILTON MA 01982 | 800-894-0300 |
| FIDELITY BROKERAGE SERVICES | 82 DEVONSHIRE STREET<br>BOSTON MA 02110       | 800-544-6666 |

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: ALLAN HUNTLEY

Street Address: 175 ANDOVER ST

City: DANVERS State: MA Zip Code: 01923

Phone Number: \_\_\_\_\_

ESSEX COUNTY COMMUNITY

1022

04-3407816

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

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.]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.    **NONE**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.    **SEE STATEMENT 1**

18. Attach a list of name, 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.    **SEE STATEMENT 2**

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.*

## ESSEX COUNTY COMMUNITY

1022

04-3407816

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  No23. 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.*

## ESSEX COUNTY COMMUNITY

1022

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 or 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.*

SEE STATEMENT 3

| <b>During the year:</b> |  |  |
|-------------------------|--|--|
| 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. |

**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: ALLAN HUNTLEY

Title: TREASURER

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

Address 6 OMNI WAY, SUITE 201  
CHELMSFORD, MA 01824-4141

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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.

ECCF

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:

Name and Title: BETH FRANCIS PRESIDENT AND CEO

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: STRATTON LLOYD COO AND EVP

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: J. BRITTON HUTCHINS CFO

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

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

Name and Title: SEE STATEMENT 4

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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.

ECCF

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:

Name and Title: BETH FRANCIS PRESIDENT AND CEO

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: STRATTON LLOYD COO AND EVP

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: J. BRITTON HUTCHINS CFO

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

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

Name and Title: SEE STATEMENT 5

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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: ALLAN HUNTLEY

Title: TREASURER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: BETH FRANCIS

Title: PRESIDENT & CEO

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section.  
*(If you have more than five Related Organizations, please attach a list.)*

| Name: ECCF REAL ESTATE LLC |   | Primary purpose or activity: REAL ESTATE HOLDING COMPANY |                                       |                             |
|----------------------------|---|--|---------------------------------------|-----------------------------|
| FYE                        | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities            | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| 06/30/2021                 |   |  |                                       |                             |

| Name: |   | Primary purpose or activity:                  |                                       |                             |
|-------|---|---|---------------------------------------|-----------------------------|
| FYE   | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |

| Name: |   | Primary purpose or activity:                  |                                       |                             |
|-------|---|---|---------------------------------------|-----------------------------|
| FYE   | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |

| Name: |   | Primary purpose or activity:                  |                                       |                             |
|-------|---|---|---------------------------------------|-----------------------------|
| FYE   | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |

| Name: |   | Primary purpose or activity:                  |                                       |                             |
|-------|---|---|---------------------------------------|-----------------------------|
| FYE   | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (see *instructions*). Use additional lines below to itemize by compensation source.

|                                |                          |                |                    |
|--------------------------------|--------------------------|----------------|--------------------|
| Name: M. ELIZABETH FRANCIS     | Title: PRESIDENT & CEO   |                |                    |
| Income Source:                 | Salary and Other Income: | Benefits Plan: | Other Compensation |
| ESSEX COUNTY COMMUNITY FOUNDAT | 194,269                  | 5,700          | 447                |

|                                |                          |                |                    |
|--------------------------------|--------------------------|----------------|--------------------|
| Name: STRATTON LLOYD           | Title: COO               |                |                    |
| Income Source:                 | Salary and Other Income: | Benefits Plan: | Other Compensation |
| ESSEX COUNTY COMMUNITY FOUNDAT | 172,540                  | 4,941          | 14,744             |

|                           |                          |                |                    |
|---------------------------|--------------------------|----------------|--------------------|
| Name: J. BRITTON HUTCHINS | Title: CFO               |                |                    |
| Income Source:            | Salary and Other Income: | Benefits Plan: | Other Compensation |
| ESSEX COUNTY              | 124,519                  | 5,400          | 14,734             |

|                     |                          |                |                    |
|---------------------|--------------------------|----------------|--------------------|
| Name: STACEY LANDRY | Title: VP ADVANCEMENT    |                |                    |
| Income Source:      | Salary and Other Income: | Benefits Plan: | Other Compensation |
| ECCF                | 135,696                  | 3,868          | 429                |

|                                |                           |                |                    |
|--------------------------------|---------------------------|----------------|--------------------|
| Name: CAROL LAVOIE SCHUSTER    | Title: VP OF PHILANTHROPY |                |                    |
| Income Source:                 | Salary and Other Income:  | Benefits Plan: | Other Compensation |
| ESSEX COUNTY COMMUNITY FOUNDAT | 120,815                   | 3,545          | 14,708             |

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Yes       No

**Massachusetts Statements**

**Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives**

| Name                 | Title        | Address                       | City    | State | Zip Code |
|----------------------|--------------|-------------------------------|---------|-------|----------|
| MOIRA MCNAMARA JAMES | CHAIR OF DEV | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| JAMES A. RULLO       | CHAIR OF INV | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| RICHARD YAGTIAN      | VICE-PRESIDE | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| ROBERT GOLDMAN       | CLERK        | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| BEN LANGTILLE        | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| JOHN COLUCCI         | CHAIRMAN     | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| RICHARD SUMBERG      | CHAIR OF GOV | 175 ANDOVER STREET, SUITE 101 | DANVERS | MA    | 01923    |
| ROBERT GORE          | TRUSTEE      | 175 ANDOVER STREET            | DANVERS | MA    | 01923    |
| CHRISTINE ORTIZ      | TRUSTEE      | 175 ANDOVER STREET            | DANVERS | MA    | 01923    |
| DEREK REED           | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| JEAN VERBRIDGE       | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| PAMELA SCOTT         | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| ALLAN HUNTLEY        | TREASURER    | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| ANITA WORDEN         | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| ANA COLMENERO        | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| KIAME MAHANTIAH      | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |
| JON PAYSON           | TRUSTEE      | 175 ANDOVER ST                | DANVERS | MA    | 01923    |

## Massachusetts Statements

10/12/2022 9:59 AM

### Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives (continued)

| Name                | Title        | Address            | City    | State | Zip Code |
|---------------------|--------------|--------------------|---------|-------|----------|
| AMY KINGMAN         | TRUSTEE      | 175 ANDOVER ST     | DANVERS | MA    | 01923    |
| M ELIZABETH FRANCIS | PRESIDENT AN | 175 ANDOVER ST     | DANVERS | MA    | 01923    |
| STRATTON LLOYD      | COO          | 175 ANDOVER STREET | DANVERS | MA    | 01923    |

### Statement 2 - Form PC, Page 4, Line 18 - Individuals Authorized to Sign Checks or Responsible for Funds

| Name                | Title             | Address              | City    | State | Zip   |
|---------------------|-------------------|----------------------|---------|-------|-------|
| BETH FRANCIS        | PRESIDENT AND CEO | 175 ANDOVER ST       | DANVERS | MA    | 01923 |
| STRATTON LLOYD      | COO AND EVP       | 175 ANDOVER ST       | DANVERS | MA    | 01923 |
| STACEY LANDRY       | DIR. OF STRAT.    | GIVIN 175 ANDOVER ST | DANVERS | MA    | 01923 |
| CAROL SCHUSTER      | VP FOR GRANTS     | 175 ANDOVER ST       | DANVERS | MA    | 01923 |
| J. BRITTON HUTCHINS | CFO               | 175 ANDOVER ST       | DANVERS | MA    | 01923 |
| CHRISTIE CHEYNE     | ASST. CONTROLLER  | 175 ANDOVER ST       | DANVERS | MA    | 01923 |
| ALLAN HUNTLEY       | TREASURER         | 175 ANDOVER ST       | DANVERS | MA    | 01923 |

**Massachusetts Statements****Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions****Description**

QUESTION 24H

M. ELIZABETH FRANCIS  
175 ANDOVER STREET  
DANVERS, MA 01923

WAGES AND BENEFITS PAID TO THE PRESIDENT AND CEO                    \$200,416  
APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

STRATTON LLOYD  
175 ANDOVER STREET  
DANVERS, MA 01923  
WAGES AND BENEFITS PAID TO THE COO AND EVP                    \$192,225  
APPROVED BY THE PRESIDENT

QUESTION 24M

SEVERAL OF THE FOUNDATION'S BOARD MEMBERS ALSO SERVE ON THE BOARDS OF, OR  
OTHERWISE HAVE A BUSINESS RELATIONSHIP WITH, OTHER AREA NON-PROFIT  
ORGANIZATIONS. DURING THE FISCAL YEAR ENDED JUNE 30, 2022, THE FOUNDATION  
MADE GRANTS OF \$1,856,127 TO THOSE ORGANIZATIONS.

ECCF7816 Essex County Community  
\*\*\_\*\*7816  
FYE: 6/30/2022

## Massachusetts Statements

10/31/2022 12:33 PM

### Statement 4 - Form PC, Page 9, Schedule A-1 - Individuals Responsible for Distribution of Contributions

| Name                     | Title             | Address        | City    | State | Zip Code |
|--------------------------|-------------------|----------------|---------|-------|----------|
| BETH FRANCIS             | PRESIDENT AND CEO | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| ENTIRE BOARD OF TRUSTEES |                   | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| STRATTON LLOYD           | COO AND EVP       | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| CAROL SCHUSTER           | VP FOR GRANTS     | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| J. BRITTON HUTCHINS      | CFO               | 175 ANDOVER ST | DANVERS | MA    | 01923    |

### Statement 5 - Form PC, Page 11, Schedule A-2 - Individuals Responsible for Distribution of Contributions

| Name                     | Title             | Address        | City    | State | Zip Code |
|--------------------------|-------------------|----------------|---------|-------|----------|
| BETH FRANCIS             | PRESIDENT AND CEO | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| ENTIRE BOARD OF TRUSTEES |                   | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| STRATTON LLOYD           | COO AND EVP       | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| CAROL SCHUSTER           | VP FOR GRANTS     | 175 ANDOVER ST | DANVERS | MA    | 01923    |
| J. BRITTON HUTCHINS      | CFO               | 175 ANDOVER ST | DANVERS | MA    | 01923    |

# 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

NO. 04-3407816

Filing for November 1, 20 22

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

(number)

(street)

Danvers, MA 01923

(city or town)

(state)

(zip)

3. DATE OF THE LAST ANNUAL MEETING: \_\_\_\_\_

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<br>Number, Street, City or Town,<br>State and Zip Code | EXPIRATION<br>OF TERM OF<br>OFFICE |
|---|-------------------|--|------------------------------------|
| President:  | John Colucci      | 175 Andover Street, Suite 101<br>Danvers, MA 01923               | Until                              |
| Treasurer:  | Allan Huntley     | 175 Andover Street, Suite 101<br>Danvers, MA 01923               | Successors                         |
| Clerk:<br>(or Secretary)  | Robert P. Goldman | 175 Andover Street, Suite 101<br>Danvers, MA 01923               | are Duly                           |
| Directors:<br>(or Officers<br>having the<br>powers of<br>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 22.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Essex County Community Foundation, Inc.**  
**FEIN: 04-3407816**  
**Board of Trustees**  
**June 30, 2022**

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

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

Amy Kingman, Trustee  
175 Andover Street  
Danvers, MA 01923

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

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

Robert Gore, Trustee  
175 Andover Street  
Danvers, MA 01923

Allan Huntley, Treasurer  
175 Andover Street  
Danvers, MA 01923

Kiame Mahaniah, Trustee  
175 Andover Street  
Danvers, MA 01923

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

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

Derek Reed, Trustee  
175 Andover Street  
Danvers, MA 01923

Ben Langille, Trustee  
175 Andover Street  
Danvers, MA 01923

Ana Colmenero, Trustee  
175 Andover Street  
Danvers, MA 01923

John Colucci, Chair  
175 Andover Street  
Danvers, MA 01923

Richard Yagjian, Trustee  
175 Andover Street  
Danvers, MA 01923

Pamela Scott, Trustee  
175 Andover Street  
Danvers, MA 01923

Christine Ortiz, Trustee  
175 Andover Street  
Danvers, MA 01923  
Jean Verbridge, Trustee  
175 Andover Street  
Danvers, MA 01923

Anita Wordan, Trustee  
175 Andover Street  
Danvers, MA 01923