

September 24, 2018

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

Dear Ms. Francis:

Enclosed herewith are the information returns for Essex County Community Foundation, Inc. for the period ended June 30, 2019 and copies for your files.

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

Form PC-Annual Report should be signed and dated by the President on pages 41 and 46, and by either the Treasurer or other Fiscal Officer on page 46. Form PC should be mailed to the Office of the Attorney General, Division of Public Charities, One Ashburton Place, Boston, MA 02108. There is an annual filing fee due with this report in the amount of \$1,000.00.

The Attorney General's Office no longer accepts the check form of payment. Please log onto the Attorney General's website at <https://www.paybill.com/maagocharities> and click on "make payment." Log in using the amount in box 5B on page 2 of Form PC and your six-digit Attorney General account #037581. The AG's website does not accept credit card payments; therefore, you will need to have your bank routing and account numbers on hand to complete the process. **Please insert the electronic payment confirmation number on page 1 of Form PC before mailing. This return is due by November 15, 2019.**

The Massachusetts Non-Profit Corporation Annual Report should be signed and dated by the President. This should be mailed to William Francis Galvin, Secretary of the Commonwealth, Attn.: Annual Report - AR180, One Ashburton Place, Boston, MA 02108-1512. There is a payment due in the amount of \$15.00. Please make the check payable to the Commonwealth of Massachusetts. The return is due by November 1, 2019.

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

Sincerely,

Jayne A. Andrews, CPA
Anstiss & Co., P.C.

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

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 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****B** Check if applicable:

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

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

Doing business as

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

175 ANDOVER STREET, SUITE 101

Room/suite

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

DANVERS, MA 01923**F** Name and address of principal officer: **BETH FRANCIS****SAME AS C ABOVE****D** Employer identification number**04-3407816****E** Telephone number**978-777-8876****G** Gross receipts \$ **51,770,779.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

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

| | | | |
|---|--|---|------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO INSPIRE PHILANTHROPY THAT STRENGTHENS THE 34 CITIES AND TOWNS OF ESSEX COUNTY (SEE SCHEDULE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 11 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 8,656,571. | Current Year 39,426,400. |
| | 9 Program service revenue (Part VIII, line 2g) | 4,080. | 206,574. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,510,577. | 1,893,988. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -25,684. | -100,015. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,145,544. | 41,426,947. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,493,963. | 20,374,427. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 784,846. | 885,058. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 270,059. | | |
| Net Assets or Fund Balances | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,804,394. | 3,335,440. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,083,203. | 24,594,925. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 1,062,341. | 16,832,022. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year 68,768,419. | End of Year 91,073,475. |
| | 21 Total liabilities (Part X, line 26) | 14,674,256. | 16,556,255. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 54,094,163. | 74,517,220. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|--------------------------------|---------------------------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | BETH FRANCIS, PRESIDENT | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | JAYNE A. ANDREWS | JAYNE A. ANDREWS | 09/20/19 | | P00514653 |
| | Firm's name ▶ ANSTISS & CO., P.C. | Firm's EIN ▶ 04-2917204 | | | |
| | Firm's address ▶ 1115 WESTFORD STREET | | Phone no. (978) 452-2500 | | |
| | | LOWELL, MA 01851 | | | |

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

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒

- 1 Briefly describe the organization's mission:

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

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,479,804. including grants of \$ 20,374,427.) (Revenue \$ 206,574.)
 TO RAISE AND DISTRIBUTE FUNDS FROM THE COMMUNITY FOR THE BENEFIT OF
 CHARITABLE ORGANIZATIONS PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 23,479,804.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 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 | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | 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 | 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 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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 | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 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 | 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 | | 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 | | 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 | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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 | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 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 | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 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 | 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 | | 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 | | 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 | 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 | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | X | |
| 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 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in 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? | X | |

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

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

Form 990 (2018)

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

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

☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)

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

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

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JOHN COLUCCI TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (2) MATTHEW P. DORING CLERK | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JONATHAN PAYSON CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) STEVEN P. COHEN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (5) ROBERT R. FANNING, JR. TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (6) ROBERT GOLDMAN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) RICHARD YAGJIAN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) JAMES A. RULLO TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) MOIRA MCNAMARA JAMES TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) BEN LANGILLE TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) ELIZABETH MOULTON TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) RICHARD SUMBERG TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) ROBERT GORE TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) CHRISTINE ORTIZ TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) DEREK REED TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) ALLAN HUNTLEY TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) PAMELA SCOTT TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JEAN VERBRIDGE TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) ANITA WORDAN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) BETH FRANCIS PRESIDENT AND CEO | 40.00 | | | X | | | | 156,275. | 0. | 6,068. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 156,275. | 0. | 6,068. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 156,275. | 0. | 6,068. |

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 **1**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 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 **4**
- 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 **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) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | | |

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|----------------------|---------------|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 67,282. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 39,359,118. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 2,825,388. | | | | |
| | h Total. Add lines 1a-1f | | | 39,426,400. | | | |
| Program Service Revenue | 2 a SUMMER FUNDS | Business Code | 900099 | 206,574. | 206,574. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 206,574. | | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,724,532. | | | 1,724,532. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| Other Revenue | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | 10,400,150. | | | |
| | c Gain or (loss) | | | 10,230,081. | 613. | | |
| | d Net gain or (loss) | | | 170,069. | -613. | | |
| | 8 a Gross income from fundraising events (not including \$ 67,282. of contributions reported on line 1c). See Part IV, line 18 | a | | 13,123. | | | |
| | b Less: direct expenses | b | | 113,138. | | | |
| | c Net income or (loss) from fundraising events | | | -100,015. | | | -100,015. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| | Miscellaneous Revenue | | | Business Code | | | |
| | 11 a | | | | | | |
| | b | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | | 41,426,947. | 206,574. | 0. | 1,793,973. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 20,339,427. | 20,339,427. | | |
| 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 | 176,068. | 59,863. | 91,555. | 24,650. |
| 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 | 590,118. | 200,640. | 306,861. | 82,617. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 63,013. | 21,425. | 32,767. | 8,821. |
| 10 Payroll taxes | 55,859. | 18,992. | 29,047. | 7,820. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 23,550. | | 23,550. | |
| c Accounting | 23,569. | | 23,569. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 10,785. | 10,785. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 595,497. | 527,056. | 68,132. | 309. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 194,099. | 65,994. | 100,931. | 27,174. |
| 14 Information technology | 64,215. | 21,833. | 33,392. | 8,990. |
| 15 Royalties | | | | |
| 16 Occupancy | 148,410. | 50,459. | 77,174. | 20,777. |
| 17 Travel | 76,013. | 25,845. | 39,526. | 10,642. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 158,958. | 158,958. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,151. | 731. | 1,119. | 301. |
| 23 Insurance | 10,196. | 3,467. | 5,302. | 1,427. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROJECT SUPPORT | 1,939,329. | 1,939,329. | | |
| b OTHER FUNDRAISING EXPEN | 76,531. | | | 76,531. |
| c PROFESSIONAL DEVELOPMEN | 10,229. | | 10,229. | |
| d REAL ESTATE/PROPEY TAX | 1,908. | | 1,908. | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 24,594,925. | 23,479,804. | 845,062. | 270,059. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,106,199. | 1 | 957,602. |
| | 2 Savings and temporary cash investments | 674,370. | 2 | 521,717. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 31,900. | 9 | 39,945. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 100,697. | | |
| | b Less: accumulated depreciation | 10b 96,744. | | |
| | 11 Investments - publicly traded securities | 6,717. | 10c 3,953. | |
| | 12 Investments - other securities. See Part IV, line 11 | 66,949,233. | 11 | 89,550,258. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 68,768,419. | 15 | 91,073,475. | |
| Liabilities | 17 Accounts payable and accrued expenses | 67,648. | 16 | 201,636. |
| | 18 Grants payable | 290,900. | 17 | 585,435. |
| | 19 Deferred revenue | 10,000. | 18 | 5,000. |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 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 | | 24 | |
| | 26 Total liabilities. Add lines 17 through 25 | 14,305,708. | 25 | 15,764,184. |
| | 26 Total liabilities. Add lines 17 through 25 | 14,674,256. | 26 | 16,556,255. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 50,415,244. | 27 | 68,387,105. |
| | 28 Temporarily restricted net assets | 3,678,919. | 28 | 6,130,115. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 54,094,163. | 33 | 74,517,220. |
| 34 Total liabilities and net assets/fund balances | 68,768,419. | 34 | 91,073,475. | |

Form 990 (2018)

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 | 41,426,947. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,594,925. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 16,832,022. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 54,094,163. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,882,818. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 2,358,138. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -649,921. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 74,517,220. |

Part XII Financial Statements and Reporting

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

☐

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

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

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

f Enter the number of supported organizations _____

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6404073. | 9955771. | 9377438. | 8656571. | 11882258. | 46276111. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 6404073. | 9955771. | 9377438. | 8656571. | 11882258. | 46276111. |
| 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) | | | | | | 1768267. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 44507844. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | 6404073. | 9955771. | 9377438. | 8656571. | 11882258. | 46276111. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 528,263. | 614,473. | 1015707. | 1318950. | 1724532. | 5201925. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 51478036. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,414,066. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 86.46 | % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 86.28 | % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2018

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | | |
| 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). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| 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. | | |
| 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. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| 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. | | |
| 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 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 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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 . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 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 10b below. | | |
| 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.) | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

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

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities ▶ _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| | | | | |
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|------------------------------------|--|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | 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 | | 24,594,925. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 24,594,925. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | 462,997. | 491,597. | 604,160. | 1,000,000. | 2,558,754. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,838,131. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 115,749. | 122,899. | 151,040. | 250,000. | 639,688. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 959,532. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

[illegible]

| | | 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 | |

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open 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 | 115 | |
| 2 Aggregate value of contributions to (during year) | 10,210,910. | |
| 3 Aggregate value of grants from (during year) | 3,969,884. | |
| 4 Aggregate value at end of year | 23,522,858. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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)?

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

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

832051 10-29-18

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

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

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

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

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

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

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

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 15,207,086. | 14,150,630. | 8,245,447. | 8,740,470. | 9,014,185. |
| b Contributions | 589,908. | 979,390. | 1,106,136. | 363,604. | 608,500. |
| c Net investment earnings, gains, and losses | 967,876. | 1,056,260. | 1,125,724. | -60,824. | 119,591. |
| d Grants or scholarships | 902,423. | | | | |
| e Other expenditures for facilities and programs | -2,358,138. | 979,194. | -3,673,323. | 797,803. | 1,001,806. |
| f Administrative expenses | | | | | |
| g End of year balance | 18,220,585. | 15,207,086. | 14,150,630. | 8,245,447. | 8,740,470. |

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

- a Board designated or quasi-endowment ☒ 66.36 %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☒ 33.64 %

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 100,697. | 96,744. | 3,953. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 3,953. |

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE GIFT ANNUITIES | 349,297. |
| (3) FUNDS HELD FOR OTHERS | 113,859. |
| (4) AGENCY ENDOWMENT FUNDS | 15,301,028. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 15,764,184. |

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

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

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 42,312,495. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,882,818. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 100,015. |
| e | Add lines 2a through 2d | 2e | 1,982,833. |
| 3 | Subtract line 2e from line 1 | 3 | 40,329,662. |
| 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 | 10,785. |
| b | Other (Describe in Part XIII.) | 4b | 1,086,500. |
| c | Add lines 4a and 4b | 4c | 1,097,285. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 41,426,947. |

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 | 24,247,576. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 100,015. |
| e | Add lines 2a through 2d | 2e | 100,015. |
| 3 | Subtract line 2e from line 1 | 3 | 24,147,561. |
| 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 | 10,785. |
| b | Other (Describe in Part XIII.) | 4b | 436,579. |
| c | Add lines 4a and 4b | 4c | 447,364. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 24,594,925. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 100,015.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS 1,086,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT BENEFIT 100,015.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS 436,579.

Lined area for supplemental information.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

Employer identification number

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

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

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

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

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

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

Schedule F (Form 990) 2018

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) 2018

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.

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Go to 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

Fundraising Activities.

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

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

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

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

☐ Yes☐ No

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

[illegible]

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|-------------------------------------|--------------|------------------------|--|
| | | CELEBRATE GIVING (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 80,405. | | | 80,405. |
| | 2 Less: Contributions | 67,282. | | | 67,282. |
| | 3 Gross income (line 1 minus line 2) | 13,123. | | | 13,123. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 13,123. | | | 13,123. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 100,015. | | | 100,015. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 113,138. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -100,015. |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

| | |
|----------------|--|
| Part IV | Supplemental Information <i>(continued)</i> |
|----------------|--|

Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
04-3407816

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|---|---|
| ACTION, INC. 180 MAIN STREET GLOUCESTER, MA 01930 | 04-2389332 | 501(C)(3) | 70,717. | 0. | | | GENERAL SUPPORT |
| ADDISON GILBERT HOSPITAL 298 WASHINGTON STREET GLOUCESTER, MA 01930 | 04-2121317 | 501(C)(3) | 22,950. | 0. | | | GENERAL SUPPORT |
| ANDOVER PUBLIC SCHOOLS 36 BARTLET STREET ANDOVER, MA 01810 | | | 106,480. | 0. | | | GENERAL SUPPORT |
| ATLANTIC SALMON FEDERATION 14 MAINE STREET, SUITE 406 BRUNSWICK, ME 04011 | 13-2618801 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| BACKYARD GROWERS 269 MAIN STREET GLOUCESTER, MA 01930 | 47-1553021 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| BATES COLLEGE 2 ANDREWS ROAD LEWISTON, ME 04240 | 01-0211781 | 501(C)(3) | 35,000. | 0. | | | GENERAL SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **190.**

3 Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) (2018)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BELLESINI ACADEMY PO BOX 1021 LAWRENCE, MA 01842 | 53-0196617 | 501(C)(3) | 27,000. | 0. | | | GENERAL SUPPORT |
| BEVERLY BOOTSTRAPS COMMUNITY SERVICES, INC. - 35 PARK STREET - BEVERLY, MA 01915 | 04-3254507 | 501(C)(3) | 16,489. | 0. | | | GENERAL SUPPORT |
| BEYOND SOCCER 280 MERRIMACK STREET, #309 LAWRENCE, MA 01843 | 45-0648718 | 501(C)(3) | 9,500. | 0. | | | GENERAL SUPPORT |
| BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 21,250. | 0. | | | GENERAL SUPPORT |
| BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE, MA 01841 | 23-7296824 | 501(C)(3) | 24,500. | 0. | | | GENERAL SUPPORT |
| BUILDING A BETTER BEVERLY INC. 191 CABOT STREET BEVERLY, MA 01915 | 27-4670630 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| CENTERBOARD INC 16 CITY HALL SQUARE LYNN, MA 01901 | 04-3019658 | 501(C)(3) | 20,300. | 0. | | | GENERAL SUPPORT |
| COLD HOLLOW TO CANADA INC PO BOX 406 MONTGOMRY CENTER, VT 05471 | 36-4717953 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| COMMUNITY DAY CARE CENTER OF LAWRENCE - 190 HAMPSHIRE STREET - LAWRENCE, MA 01840 | 04-2473133 | 501(C)(3) | 211,615. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110 | 04-6149986 | 501(C)(3) | 10,250. | 0. | | | GENERAL SUPPORT |
| CROSSROADS FOR KIDS INC 119 MYRTLE STREET DUXBURY, MA 02332 | 04-2103837 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111 | 94-1730465 | 501(C)(3) | 90,000. | 0. | | | GENERAL SUPPORT |
| ENDICOTT COLLEGE 376 HALE STREET BEVERLY, MA 01915 | 04-2103567 | 501(C)(3) | 150,750. | 0. | | | GENERAL SUPPORT |
| ENVIRONMENT AMERICA RESEARCH AND POLICY CENTER INC. - 294 WASHINGTON STREET, SUITE 500 - BOSTON, MA 02108 | 13-4339865 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| ESSEX ART CENTER 56 ISLAND STREET LAWRENCE, MA 01840 | 04-3238501 | 501(C)(3) | 19,333. | 0. | | | GENERAL SUPPORT |
| ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVENUE ESSEX, MA 01929 | 04-2664297 | 501(C)(3) | 21,194. | 0. | | | GENERAL SUPPORT |
| EVELYN LILLY LITZ FOUNDATION 550 BUILDING, SUITE 6500 BEVERLY, MA 01915 | 04-2103885 | 501(C)(3) | 275,000. | 0. | | | GENERAL SUPPORT |
| EXPRESS YOURSELF 100 CUMMINGS CENTER, SUITE 165E BEVERLY, MA 01915 | 04-3294365 | 501(C)(3) | 21,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FAMILIES FOR DEPRESSION AWARENESS 395 TOTTON POND ROAD WALTHAM, MA 02451 | 04-3546730 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| FAMILY PROMISE NORTH SHORE BOSTON 330 RANTOUL STREET BEVERLY, MA 01915 | 27-1801635 | 501(C)(3) | 12,500. | 0. | | | GENERAL SUPPORT |
| FAMILY SERVICES OF THE MERRIMACK VALLEY - 430 N CANAL STREET - LAWRENCE, MA 01840 | 04-2104054 | 501(C)(3) | 54,099. | 0. | | | GENERAL SUPPORT |
| FRANCISCAN HOSPITAL FOR CHILDREN INC - 30 WARREN STREET - BRIGHTON, MA 02135 | 04-2156082 | 501(C)(3) | 12,400. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF THE MAD RIVER PO BOX 255 WATTSFIELD, VT 05673 | 03-0348974 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |
| FUNDACJA SENDZIMIRA KIELECKA 16/4 02 WARSAW, POLAND | 04-6149986 | 501(C)(3) | 35,000. | 0. | | | GENERAL SUPPORT |
| GREATER LAWRENCE COMMUNITY ACTION COUNCIL INC. - 305 ESSEX STREET - LAWRENCE, MA 01840 | 04-2397449 | 501(C)(3) | 9,260,940. | 0. | | | GENERAL SUPPORT |
| GREATER LAWRENCE COMMUNITY BOATING PROGRAM - 1 EATON STREET - LAWRENCE, MA 01840 | 04-2671824 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| GROUNDWORK LAWRENCE, INC. 50 ISLAND STREET, SUITE 101 LAWRENCE, MA 01840 | 04-3546770 | 501(C)(3) | 2,372,316. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HARBORLIGHT COMMUNITY PARTNERS 283 ELIOT STREET, PO BOX 507 BEVERLY, MA 01915 | 04-2313571 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| HARBORLIGHT-STONERIDGE MONTESSORI SCHOOL - 243 ESSEX STREET - BEVERLY, MA 01915 | 04-2680395 | 501(C)(3) | 9,000. | 0. | | | GENERAL SUPPORT |
| IMMIGRANT CITY ARCHIVES INC (LAWRENCE HISTORY CENTER) - 6 ESSEX STREET - LAWRENCE, MA 01840 | 04-2651157 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| IPSWICH RIVER WATERSHED ASSOCIATION - PO BOX 576 - IPSWICH, MA 01938 | 04-2615125 | 501(C)(3) | 7,594. | 0. | | | GENERAL SUPPORT |
| LAZARUS HOUSE INC. 412 HAMPSHIRE STREET LAWRENCE, MA 01841 | 04-2755382 | 501(C)(3) | 21,262. | 0. | | | GENERAL SUPPORT |
| LAWRENCE COMMUNITY WORKS, INC. 168 NEWBURY STREET LAWRENCE, MA 01841 | 04-2982308 | 501(C)(3) | 124,438. | 0. | | | GENERAL SUPPORT |
| LAWRENCE FAMILY DEVELOPMENT AND EDUCATION FUND, INC. - 34 WEST STREET - LAWRENCE, MA 01841 | 04-3177142 | 501(C)(3) | 26,000. | 0. | | | GENERAL SUPPORT |
| LAWRENCE GENERAL HOSPITAL ONE GENERAL STREET LAWRENCE, MA 01842 | 04-2103586 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| LUNG TRANSPLANT FUND AT UNIVERSITY OF N. CAROLINA AT CHAPEL HILL - 3009 BURNETT WOMACK BUILDING, CB 7206 - CHAPEL HILL, NC 27599 | 56-6001393 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LYNN ECONOMIC OPPORTUNITY INC. 156 BORAD STREET LYNN, MA 01910 | 04-2378885 | 501(C)(3) | 7,666. | 0. | | | GENERAL SUPPORT |
| MARITIME GLOUCESTER 23 HARBOR LOOP GLOUCESTER, MA 01930 | 04-3480870 | 501(C)(3) | 17,579. | 0. | | | GENERAL SUPPORT |
| METHUEN ARLINGTON NEIGHBORHOOD, INC. - 141 TENNEY STREET PO BOX 715 - METHUEN, MA 01844 | 04-3265830 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| MOON BALLOON PROJECT, INC. 23 CEDAR STREET HINGHAM, MA 02043 | 20-1524202 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| MONTASERRAT COLLEGE OF ART 23 ESSEX STREET BEVERLY, MA 01915 | 52-1859814 | 501(C)(3) | 155,250. | 0. | | | GENERAL SUPPORT |
| MUSIC AT EDEN'S EDGE PO BOX 5483 BEVERLY, MA 01915 | 04-2780636 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE ELDER SERVICES 300 ROSEWOOD DRIVE, SUITE 200 DANVERS, MA 01923 | 04-2595072 | 501(C)(3) | 21,000. | 0. | | | GENERAL SUPPORT |
| NORTHEAST HOSPITAL CORPORATION 85 HERRICK STREET BEVERLY, MA 01915 | 04-2121317 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |
| NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER, VT 05602 | 01-0729039 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208 | 36-2167817 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| PARENTS HELPING PARENTS 108 WATER STREET WATERTOWN, MA 02474 | 04-2657321 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| PATHWAYS FOR CHILDREN 29 EMERSON AVENUE GLOUCESTER, MA 01930 | 04-2694002 | 501(C)(3) | 40,000. | 0. | | | GENERAL SUPPORT |
| PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982 | 04-2279977 | 501(C)(3) | 31,500. | 0. | | | GENERAL SUPPORT |
| PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM, MA 01970 | 04-2104844 | 501(C)(3) | 13,250. | 0. | | | GENERAL SUPPORT |
| POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE INC. - 186 MAIN STREET, STE 34 - GLOUCESTER, MA 01930 | 47-4235159 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| PRESIDENT & TRUSTEES OF COLBY COLLEGE - 4120 MAYFLOWER HILL DRIVE - WATERTOWN, ME 04901 | 01-0211497 | 501(C)(3) | 15,750. | 0. | | | GENERAL SUPPORT |
| PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914 | 05-0258934 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| ROOT NS INC 35 CONGRESS STREET SALEM, MA 01970 | 47-5454938 | 501(C)(3) | 237,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SOUTH CHURCH IN ANDOVER 41 CENTRAL STREET ANDOVER, MA 01810 | 04-2313571 | 501(C)(3) | 13,500. | 0. | | | GENERAL SUPPORT |
| SPECIAL OLYMPICS INC. 1133 19TH STREET, NW WASHINGTON, DC 20036 | 52-0889518 | 501(C)(3) | 8,000. | 0. | | | GENERAL SUPPORT |
| THE CABOT 286 CABOT STREET BEVERLY, MA 01915 | 47-1431634 | 501(C)(3) | 91,050. | 0. | | | GENERAL SUPPORT |
| TIMANOUS FOUNDATION 23 PAWSON ROAD BRANFORD, CT 06405 | 35-2580434 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| TOWN OF ROCKPORT 34 BROADWAY ROCKPORT, MA 01966 | 04-6001282 | | 161,000. | 0. | | | GENERAL SUPPORT |
| TOWN OF SWAMPSCOTT 22 MONUMENT AVENUE SWAMPSCOTT, MA 01907 | 04-2615125 | | 275,015. | 0. | | | GENERAL SUPPORT |
| TOXICS ACTION CENTER INC. 294 WASHINGTON STREET, SUITE 130 BOSTON, MA 02108 | 04-3211693 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY, MA 01915 | 04-2105780 | 501(C)(3) | 77,000. | 0. | | | GENERAL SUPPORT |
| TUFTS MEDICAL CENTER/REID R SACCO AYA CLINIC FOR CANCERS ADN BLOOD DISEASE - 800 WASHINGTON STREET, SUITE 345 - BOSTON, MA 02111 | 04-3400617 | 501(C)(3) | 125,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VERMONT NATURAL RESOURCES COUNCIL INC. - 9 BAILEY AVENUE - MONTPELIER, VT 05602 | 03-0223731 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| VNA CARE NETWORK, INC. 199 ROSEWOOD DRIVE, SUITE 180 DANVERS, MA 01923 | 04-2103825 | 501(C)(3) | 19,925. | 0. | | | GENERAL SUPPORT |
| WORLD RESOURCES INSTITUTE 10 G STREET NE, SUITE 800 WASHINGTON, DC 20002 | 52-1257057 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| YMCA OF THE NORTH SHORE INC. 245 CABOT STREET BEVERLY, MA 01915 | 04-2104913 | 501(C)(3) | 125,320. | 0. | | | GENERAL SUPPORT |
| YOUTH DEVELOPMENT ORGANIZATION, INC. - 15 UNION STREET #563 - LAWRENCE, MA 01840 | 04-3571721 | 501(C)(3) | 36,500. | 0. | | | GENERAL SUPPORT |
| LYNNFIELD SUBSTANCE ABUSE PREVENTION COALITION - 55 SUMMER STREET - LYNNFIELD, MA 01940 | 82-4621268 | 501(C)(3) | 13,000. | 0. | | | GENERAL SUPPORT |
| MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525 | 36-2586390 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773 | 04-2104702 | 501(C)(3) | 7,750. | 0. | | | GENERAL SUPPORT |
| MASSACHUSETTS CENTER FOR NATIVE AMERICAN AWARENESS INC. - PO BOX 5885 - BOSTON, MA 02114 | 04-3049162 | 501(C)(3) | 28,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MASSACHUSETTS IMMIGRANT AND REFUGEE ADVOCACY COALITION INC. - 105 CHAUNCEY STREET, SUITE 901 - BOSTON, MA 02111 | 22-3115048 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| MERRIMACK VALLEY WORKFORCE INVESTMENT BOARD INC. - 255 ESSEX STREET - LAWRENCE, MA 01840 | 80-0611253 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| MERRIMACK REPERTORY THEATRE 132 WARREN STREET LOWELL, MA 01852 | 04-2664784 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| MILLION DOLLAR ROUND TABLE FOUNDATION - 325 W TOUCHY AVENUE - PARK RIDGE, IL 60068 | 36-6080766 | 501(C)(3) | 15,660. | 0. | | | GENERAL SUPPORT |
| MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186 | 04-2103603 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| MOMENTA 11 FERN AVENUE AMESBURY, MA 01913 | 32-0161930 | 501(C)(3) | 8,000. | 0. | | | GENERAL SUPPORT |
| MOORE BOOKS INC. 463 LINCOLN PLACE, NO 220 BROOKLYN, NY 11238 | 47-4058171 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| MY BROTHER'S TABLE 98 WILLOW STREET LYNN, MA 01901 | 04-2794047 | 501(C)(3) | 6,288. | 0. | | | GENERAL SUPPORT |
| NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD, BOX #108-62 LOS ANGELES, CA 90010 | 95-4539765 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NEIGHBORHOOD DEVELOPMENT ASSOCIATES INC. - 10 CHURCH STREET - LYNN, MA 01902 | 04-3240183 | 501(C)(3) | 28,000. | 0. | | | GENERAL SUPPORT |
| NEIGHBORS IN NEED 276 ESSEX STREET, PO BOX 447 LAWRENCE, MA 01842 | 22-2481699 | 501(C)(3) | 31,350. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE ALLIANCE OF GAY, LESBIAN, BISEXUAL AND TRANSGENDER YOUTH - 211 BRIDGE STREET P.O. BOX 685 - SALEM, MA 01970 | 04-3399331 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD P.O. BOX 3340 DANVERS, MA 01923 | 22-2485476 | 501(C)(3) | 46,000. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE COMMUNITY DEVELOPMENT COALITION INC. - 96 LAFAYETTE STREET, 2ND FLOOR - SALEM, MA 01970 | 04-2686893 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE COMMUNITY HEALTH, INC. 27 CONGRESS STREET, STE. 513 SALEM, MA 01970 | 04-2610447 | 501(C)(3) | 55,229. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE HEALTH PROJECT 5 CENTER STREET GLOUCESTER, MA 01930 | 22-2978638 | 501(C)(3) | 12,000. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE UNITED WAY INC 283 ELLIOTT STREET, BOX 413 BEVERLY, MA 01915 | 04-2257377 | 501(C)(3) | 8,500. | 0. | | | GENERAL SUPPORT |
| NORTHERN ESSEX COMMUNITY COLLEGE FOUNDATION - 100 ELLIOTT STREET - HAVERHILL, MA 01830 | 04-2759634 | 501(C)(3) | 9,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NOTRE DAME CRISTO REY HIGH SCHOOL 303 HAVERHILL STREET LAWRENCE, MA 01840 | 02-0296284 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| OCEAN RIVER INSTITUTE 12 ELIOT STREET CAMBRIDGE, MA 02138 | 20-8273235 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| ONE MISSION INC 69 MILK STREET, SUITE 300 WESTBOROUGH, MA 01581 | 26-3741880 | 501(C)(3) | 6,300. | 0. | | | GENERAL SUPPORT |
| OPEN DOOR CAPE ANN FOOD PANTRY, INC. - 28 EMERSON AVENUE - GLOUCESTER, MA 01930 | 22-2513482 | 501(C)(3) | 88,788. | 0. | | | GENERAL SUPPORT |
| PARTNERS IN DEVELOPMENT, INC. 174 HIGH STREET, SUITE 106 IPSWICH, MA 01938 | 22-2536583 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| PEABODY CULTURAL COLLABORATIVE INC 22 FOSTER STREET PEABODY, MA 01960 | 30-0779579 | 501(C)(3) | 28,000. | 0. | | | GENERAL SUPPORT |
| PEABODY ESSEX MUSEUM 161 ESSEX STREET SALEM, MA 01970 | 04-3157815 | 501(C)(3) | 45,000. | 0. | | | GENERAL SUPPORT |
| PENTUCKET FINE & PERFORMING ARTS FOUNDATION - PO BOX 254 - WEST NEWBURY, MA 01985 | 27-0062103 | 501(C)(3) | 29,000. | 0. | | | GENERAL SUPPORT |
| PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833 | 02-0222174 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PLANNED PARENTHOOD LEAGUE OF MA, INC. - 1055 COMMONWEALTH AVENUE - BOSTON, MA 02215 | 04-2698497 | 501(C)(3) | 6,750. | 0. | | | GENERAL SUPPORT |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 86 BRATTLE STREET - CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 98,250. | 0. | | | GENERAL SUPPORT |
| PROCTOR ACADEMY PO BOX 500 ANDOVER, NH 03216 | 02-0222179 | 501(C)(3) | 12,000. | 0. | | | GENERAL SUPPORT |
| PROFESSIONAL CENTER FOR CHILD DEVELOPMENT - 439 S UNION STREET - LAWRENCE, MA 01843 | 04-2800853 | 501(C)(3) | 12,500. | 0. | | | GENERAL SUPPORT |
| PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918 | 05-0258932 | 501(C)(3) | 9,400. | 0. | | | GENERAL SUPPORT |
| RANGRIG YESHE, INC. 8874 LOVERS LANE ROAD CORFU, NY 14036 | 04-3054841 | 501(C)(3) | 17,200. | 0. | | | GENERAL SUPPORT |
| ROCKPORT MUSIC 16 MAIN STREET ROCKPORT, MA 01966 | 22-2479696 | 501(C)(3) | 8,000. | 0. | | | GENERAL SUPPORT |
| ROOM TO GROW NATIONAL INC 142 BERKELEY STREET, FLOOR 3 BOSTON, MA 02116 | 13-4012096 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102 | 02-0222182 | 501(C)(3) | 7,250. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA 01970 | 04-2620632 | | 21,000. | 0. | | | GENERAL SUPPORT |
| SCULPTURE IN OPEN SPACES 6 BIRCH LANE IPSWICH, MA 01938 | 47-3656207 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| SELF ESTEEM BOSTON EDUCATION INSTITUTE, INC. (SEB) - PO BOX 1105 - JAMAICA PLAIN, MA 02130 | 04-3213321 | 501(C)(3) | 5,500. | 0. | | | GENERAL SUPPORT |
| SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE, MD 21275 | 52-1367538 | 501(C)(3) | 26,000. | 0. | | | GENERAL SUPPORT |
| SHARING FOUNDATION PO BOX 600 CONCORD, MA 01742 | 01-0518534 | 501(C)(3) | 17,000. | 0. | | | GENERAL SUPPORT |
| SHORE COUNTRY DAY SCHOOL 545 CABOT STREET BEVERLY, MA 01915 | 04-2104926 | 501(C)(3) | 6,500. | 0. | | | GENERAL SUPPORT |
| SI, SE PUEDE, INC. PO BOX 53 NORTH ANDOVER, MA 01845 | 04-2104926 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| SOUTH SHORE TRANSFORMATION 55 BROOK STREET PLYMPTON, MA 02367 | 47-1408681 | 501(C)(3) | 46,500. | 0. | | | GENERAL SUPPORT |
| ST MARKS SCHOOL OF SOUTHBOROUGH INC - 25 MARLBORO ROAD - SOUTHBOROH, MA 01772 | 04-2103623 | 501(C)(3) | 105,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST. JOHN COMMUNITY FOUNDATION PO BOX 1020 ST. JOHN, VI 00831 | 66-0463145 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| THE MUSARY JRP INC. PO BOX 2041 HAMILTON, MA 01982 | 94-3474813 | 501(C)(3) | 6,600. | 0. | | | GENERAL SUPPORT |
| THE REAL PROGRAM, INC. 151 OCEAN STREET LYNN, MA 01902 | 46-3105431 | 501(C)(3) | 11,989. | 0. | | | GENERAL SUPPORT |
| THREE SISTERS GARDEN PROJECT INC PO BOX 422 IPSWICH, MA 01938 | 82-5144854 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| TOWN OF ANDOVER 36 BARTLET STREET ANDOVER, MA 01810 | | | 30,000. | 0. | | | GENERAL SUPPORT |
| TOWN OF NORTH ANDOVER 120 MAIN STREET NORTH ANDOVER, MA 01845 | | | 21,500. | 0. | | | GENERAL SUPPORT |
| UC SANTA BARBARA UC SANTA BARBARA SANTA BARBARA, CA 93106 | 95-6006145 | | 8,034. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF MASSACHUSETTS LOWELL 220 PAWTUCKET STREET LOWELL, MA 01854 | | | 45,284. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF NEW HAMPSHIRE STOKE HALL, 11 GARRISON AVENUE DURHAM, NH 03824 | 02-0437506 | | 16,100. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF VERMONT 85 S PROSPECT STREET BURLINGTON, VT 05405 | | | 7,000. | 0. | | | GENERAL SUPPORT |
| VETERANS NORTHEAST OUTREACH CENTER INC. - 65 CEDAR STREET - HAVERHILL, MA 01830 | 04-2879409 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| WALDORF SCHOOL AT MORaine FARM 701 CABOT STREET BEVERLY, MA 01915 | 04-2861201 | 501(C)(3) | 66,900. | 0. | | | GENERAL SUPPORT |
| WALKER SCHOOL 1968 CENTRAL AVENUE NEEDHAM, MA 02492 | 04-2171186 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| WELLSPRING HOUSE INC. 302 ESSEX AVENUE GLOUCESTER, MA 01930 | 04-2735048 | 501(C)(3) | 103,902. | 0. | | | GENERAL SUPPORT |
| WINDRUSH FARM THERAPEUTIC EQUITATION, INC. - 479 LACY STREET - NORTH ANDOVER, MA 01845 | 04-2476717 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |
| WOODS HOLE RESEARCH CENTER 149 WOODS HOLE ROAD FALMOUTH, MA 02540 | 04-3005094 | 501(C)(3) | 40,000. | 0. | | | GENERAL SUPPORT |
| YMCA - NEW ROCHELLE 50 WEYMAN AVENUE NEW ROCHELLE, NY 10805 | 13-1740542 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| YMCA NORTH SHORE - CAPE ANN 71 MIDDLE STREET GLOUCESTER, MA 01930 | 04-2104913 | 501(C)(3) | 10,863. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ACT LAWRENCE 15 UNION STREET #409 LAWRENCE, MA 01840 | 04-3408855 | 501(C)(3) | 35,000. | 0. | | | GENERAL SUPPORT |
| BENTLEY UNIVERSITY 175 FOREST STREET WALTHAM, MA 02452 | 04-1081650 | 501(C)(3) | 50,500. | 0. | | | GENERAL SUPPORT |
| BEVERLY CHILDREN'S LEARNING CENTER 550 CABOT STREET BEVERLY, MA 01915 | 23-7267243 | 501(C)(3) | 5,779. | 0. | | | GENERAL SUPPORT |
| TOWN OF BEVERLY 191 CABOT STREET BEVERLY, MA 01915 | | | 5,280. | 0. | | | GENERAL SUPPORT |
| BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 | 04-3314093 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| BREAD AND ROSES, INC. 58 NEWBURY STREET LAWRENCE, MA 01840 | 04-2768119 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| BRIDGEWELL 10 DEARBORN ROAD PEABODY, MA 01960 | 04-2296940 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| CAPE ANN ANIMAL AID ASSOCIATION 4 PAWS LANE GLOUCESTER, MA 01930 | 04-2374914 | 501(C)(3) | 32,100. | 0. | | | GENERAL SUPPORT |
| CAPE ANN ART HAVEN 180B MAIN STREET GLOUCESTER, MA 01930 | 33-1205255 | 501(C)(3) | 9,789. | 0. | | | GENERAL SUPPORT |

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CAPE ANN MUSEUM, INC. 27 PLEASANT STREET GLOUCESTER, MA 01930 | 04-2143545 | 501(C)(3) | 22,500. | 0. | | | GENERAL SUPPORT |
| CARROLL COUNTY HUMANE SOCIETY P.O. BOX 1304 CARROLLTON, GA 30112 | 58-2284855 | 501(C)(3) | 9,617. | 0. | | | GENERAL SUPPORT |
| CENTER FOR INDEPENDENT DOCUMENTARY 680 SOUTH MAIN STREET SHARON, MA 02067 | 04-2738458 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |
| CENTER FOR WOMEN & ENTERPRISES, INC - 24 SCHOOL STREET - BOSTON, MA 02108 | 04-3256236 | 501(C)(3) | 40,000. | 0. | | | GENERAL SUPPORT |
| CENTRO DE APOYO FAMILIAR 375 COMMON STREET LAWRENCE, MA 01841 | 26-0452137 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| CHANGE IS SIMPLE, INC. 8 ENON STREET BEVERLY, MA 01915 | 45-1463482 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| CITIZENS INN, INC. 81 MAIN STREET PEABODY, MA 01960 | 22-2540856 | 501(C)(3) | 13,282. | 0. | | | GENERAL SUPPORT |
| CITY OF GLOUCESTER 9 DALE STREET GLOUCESTER, MA 01930 | | | 55,000. | 0. | | | GENERAL SUPPORT |
| CITY OF LAWRENCE 200 COMMON STREET LAWRENCE, MA 01840 | | | 30,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE CITY SCHOOL 614 COLUMBIA ROAD DORCHESTER, MA 02125 | 02-0532474 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| COLUMBIA LAND CONSERVANCY, INC. 49 MAIN STREET CHATHAM, NY 12037 | 22-2757332 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| COMMON CAUSE EDUCATION FUND 14 BEACON STREET BOSTON, MA 02108 | 31-1705370 | 501(C)(3) | 15,575. | 0. | | | GENERAL SUPPORT |
| COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. - 2608 GENESEE STREET - UTICA, NY 13502 | 15-6016932 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS, INC. - P.O. BOX 380 - ST. THOMAS, VI 00804 | 66-0470703 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| CONGREGATIONAL CHURCH OF EASTON 336 WESTPORT ROAD EASTON, CT 06612 | | | 10,000. | 0. | | | GENERAL SUPPORT |
| CURE CHILDHOOD CANCER, INC. 200 ASHFORD CENTER NORTH ATLANTA, GA 30338 | 58-1244138 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| DELAMANO 170 COMMON STREET LAWRENCE, MA 01840 | 51-0523486 | | 10,000. | 0. | | | GENERAL SUPPORT |
| DICKINSON COLLEGE P.O. BOX 1773 CARLISLE, PA 17013 | 23-1365954 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| DOCTORS WITHOUT BOARDERS USA, INC. 40 RECTOR STREET NEW YORK, NY 10001 | 13-3433452 | 501(C)(3) | 5,500. | 0. | | | GENERAL SUPPORT |
| EARLS HOPE RESCUE, INC. 1357 OLD HIGHWAY 100 WACO, GA 30182 | 47-4529879 | 501(C)(3) | 35,028. | 0. | | | GENERAL SUPPORT |
| ELDER SERVICES OF THE MERRIMACK VALLEY, INC. - 280 MERRIMACK STREET, #400 - LAWRENCE, MA 01843 | 04-2545136 | 501(C)(3) | 50,214. | 0. | | | GENERAL SUPPORT |
| ELEVATED THOUGHT, INC. 15 UNION STREET #120 LAWRENCE, MA 01840 | 27-3519031 | 501(C)(3) | 26,500. | 0. | | | GENERAL SUPPORT |
| ELIOT COMMUNITY HUMAN SERVICES, INC. - 125 HARTWELL AVENUE - LEXINGTON, MA 02421 | 04-2316924 | 501(C)(3) | 18,000. | 0. | | | GENERAL SUPPORT |
| ENTREPRENEURSHIP FOR ALL, INC. 175 CABOT STREET LOWELL, MA 01854 | 47-1858182 | 501(C)(3) | 229,922. | 0. | | | GENERAL SUPPORT |
| ESPERANZA ACADEMY, INC. 198 GARDEN STREET LAWRENCE, MA 01840 | 73-1722348 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| ESSEX HISTORICAL SOCIETY AND SHIPBUILDING MUSEUM, INC. - P.O. BOX 277 - ESSEX, MA 01929 | 51-0185873 | 501(C)(3) | 28,000. | 0. | | | GENERAL SUPPORT |
| EXPERIENCE CAMPS P.O. BOX 5099 WESTPORT, CT 06881 | 26-2513136 | 501(C)(3) | 8,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FIREHOUSE CENTER FOR THE ARTS ONE MARKET SQUARE NEWBURYPORT, MA 01950 | 04-2649373 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| FRANCONIA SKI CLUB P.O. BOX 462 FRANCONIA, NH 03580 | 02-0365446 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF MIDDLESEX FIELDS RESERVATION, INC. - 235 WEST FOSTER STREET - MELROSE, MA 02176 | 22-3278797 | 501(C)(3) | 8,330. | 0. | | | GENERAL SUPPORT |
| FRONT ROW FOUNDATION P.O. BOX 15795 RICHMOND, VA 23227 | 20-3318151 | 501(C)(3) | 8,889. | 0. | | | GENERAL SUPPORT |
| GEORGE WASHINGTON UNIVERSITY 2121 1ST STREET NW WASHINGTON, DC 20052 | 53-0196584 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |
| GIRLS INC. OF LYNN 50 HIGH STREET LYNN, MA 01902 | 04-2104250 | 501(C)(3) | 33,000. | 0. | | | GENERAL SUPPORT |
| GLOBAL INITIATIVES INC. 5 OLD BRAY STREET GLOUCESTER, MA 01930 | 22-3080437 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| GLOUCESTER ADVENTURE, INC. P.O. BOX 1306 GLOUCESTER, MA 01931 | 04-3020719 | 501(C)(3) | 47,500. | 0. | | | GENERAL SUPPORT |
| GLOUCESTER EDUCATION FOUNDATION P.O. BOX 1104 GLOUCESTER, MA 01931 | 57-1224669 | 501(C)(3) | 42,650. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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| GLOUCESTER FUND, INC. 45 MIDDLE STREET GLOUCESTER, MA 01930 | 04-3521016 | 501(C)(3) | 80,000. | 0. | | | GENERAL SUPPORT |
| GLOUCESTER MARINE GENOMICS INSTITUTE - 6 ROWE SQUARE - GLOUCESTER, MA 01930 | 46-3020006 | 501(C)(3) | 212,500. | 0. | | | GENERAL SUPPORT |
| GLOUCESTER STAGE COMPANY 267 EAST MAIN STREET GLOUCESTER, MA 01930 | 04-2485199 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| GREATER LOWELL CHILDREN'S FUND INC. - 33 E MERRIMACK STREET - LOWELL, MA 01852 | 83-0932743 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| GREEN MOUNTAIN HORSE ASSOCIATION, INC. - P.O. BOX 8 - SOUTH WOODSTOCK, VT 05071 | 03-6011708 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| GREENING HAITI FUND 31 LEONARD STREET GLOUCESTER, MA 01930 | 81-2492266 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| HARVEY GIRLS INC. 184 PLEASANT VALLEY STREET METHUEN, MA 01844 | 47-3237138 | 501(C)(3) | 36,000. | 0. | | | GENERAL SUPPORT |
| BEVERLY HISTORICAL SOCIETY 117 CABOT STREET BEVERLY, MA 01915 | 04-2237789 | 501(C)(3) | 27,690. | 0. | | | GENERAL SUPPORT |
| HOME FOR LITTLE WANDERERS, INC. 10 GUEST STREET BOSTON, MA 02135 | 04-2104764 | 501(C)(3) | 15,300. | 0. | | | GENERAL SUPPORT |

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| IRISH INTERNATIONAL IMMIGRANT CENTER, INC. - ONE STATE STREET - BOSTON, MA 02109 | 04-3063382 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| LAKE FOREST ACADEMY 1500 W KENNEDY ROAD LAKE FOREST, IL 60045 | 36-2216167 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| LANDMARK SCHOOL P.O. BOX 227 PRIDES CROSSING, MA 01965 | 04-2429311 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| LAWRENCE CATHOLIC ACADEMY 101 PARKER STREET LAWRENCE, MA 01843 | 27-2281636 | | 30,000. | 0. | | | GENERAL SUPPORT |
| LAWRENCE PARTNERSHIP, INC. 420 COMMON STREET LAWRENCE, MA 01840 | 47-1019447 | 501(C)(3) | 651,061. | 0. | | | GENERAL SUPPORT |
| LOWELL COMMUNITY LOAN FUND, INC. 50 ISLAND STREET, SUITE 103 LAWRENCE, MA 01840 | 04-3571892 | 501(C)(3) | 418,355. | 0. | | | GENERAL SUPPORT |
| MERRIMACK RIVER WATERSHED COUNCIL 60 ISLAND STREET, STE 211-E LAWRENCE, MA 01840 | 04-2633281 | 501(C)(3) | 8,000. | 0. | | | GENERAL SUPPORT |
| Y.M.C.A OF THE MERRIMACK VALLEY 360 MERRIMACK STREET, STE 270 LAWRENCE, MA 01843 | 04-2104378 | 501(C)(3) | 67,339. | 0. | | | GENERAL SUPPORT |
| TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155 | 04-2103634 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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

☐ 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART I, LINE 3:

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

STUDIES FOR GUIDANCE. BOARD APPROVED COMPENSATION IS DOCUMENTED IN AN

EMPLOYMENT CONTRACT.

PART I, LINE 5:

THE PRESIDENT RECEIVES A BONUS BASED ON MEETING CERTAIN ORGANIZATIONAL

GOALS.

Part III Supplemental Information

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

PART I, LINE 3:

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

STUDIES FOR GUIDANCE. BOARD APPROVED COMPENSATION IS DOCUMENTED IN AN

EMPLOYMENT CONTRACT.

PART I, LINE 5:

THE PRESIDENT RECEIVES A BONUS BASED ON MEETING CERTAIN ORGANIZATIONAL

GOALS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I **Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 25 | 2,820,388. | QUOTED MARKET PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>SUPPLIES</u>) | X | 1 | 5,000. | PURCHASE PRICE |
| 26 Other ▶ (.....) | | | | |
| 27 Other ▶ (.....) | | | | |
| 28 Other ▶ (.....) | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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 |
| 33 | | |

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

Schedule M (Form 990) 2018

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
04-3407816

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

O). 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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEADERSHIP WORK THAT EFFECTS CHANGE IN ESSEX COUNTY.

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

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

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

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

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

THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL
STUDIES FOR GUIDANCE. NO OTHER OFFICERS RECEIVED COMPENSATION FOR FY 2019.

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

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

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

NET DISTRIBUTIONS TO AGENCY ENDOWMENT FUNDS

-649,921.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2018

Open to Public Inspection

Name of the organization

Employer identification number
04-3407816

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

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

[illegible]

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.

[illegible]

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

Schedule R (Form 990) 2018

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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

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

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

Part VII Supplemental Information.

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

Depreciation and Amortization
 (Including Information on Listed Property) 990

OMB No. 1545-0172

2018

Attachment
 Sequence No. 179

▶ Attach to your tax return.

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

Business or activity to which this form relates

Identifying number

ESSEX COUNTY COMMUNITY FOUNDATION, INC. FORM 990 PAGE 10

04-3407816

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,000,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,500,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| | | | |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 2,151. |

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 2018 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2018 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 2018 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 instr. | 22 | 2,151. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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

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

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

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

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2018 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2018 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

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

Office Use Only: Fiscal Year

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

Form PC

Report for the Fiscal Period: 07/01/18 to 06/30/19

Attorney General's Account #: 037581

Federal ID #: 04-3407816

Electronic Payment Confirmation #: _____

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)**

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

Organization Data

Name: ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Mailing Address: 175 ANDOVER STREET, SUITE 101

City: DANVERS State: MA ZIP: 01923

Phone Number: 978-777-8876 Fax Number: 978-777-9454

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: ☐

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816

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

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

2. Where was the organization created? MASSACHUSETTS

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

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

Other (please describe): _____

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

5. Enter your summary of financial data:

| Financial Data | | Amounts |
|----------------|--|-------------|
| A. | Contributions, gifts, grants, and similar amounts received | 39,426,400. |
| B. | Gross support and revenue | 41,257,491. |
| C. | Program services and similar amounts paid out | 23,479,804. |
| D. | Fundraising expenses | 270,059. |
| E. | Management and general expenses | 845,062. |
| F. | Payments to affiliates | 0. |
| G. | Total expenses | 24,594,925. |
| H. | Net assets or fund balances at the end of the year | 74,517,220. |

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

| | Name/Title | Hrs/Week | Salary and Other Income | Benefit Plans | Other Compensation |
|----|--|----------|-------------------------|---------------|--------------------|
| 1. | CRYSTAL BATES DIRECTOR OF DEVELOPMENT AND COMM | 40.00 | 92,715. | 3,088. | 11,445. |
| 2. | STRATTON LLOYD VICE PRESIDENT | 40.00 | 135,116. | 4,054. | 10,261. |
| 3. | BETH FRANCIS PRESIDENT AND CEO | 40.00 | 170,000. | 5,617. | 451. |
| 4. | CAROL LAVOIE SCHUSTER ASSISTANT VP PHILANTHROPY | 40.00 | 106,281. | 3,552. | 5,924. |
| 5. | MICHELLE PELLETIER FINANCE MANAGER | 40.00 | 74,412. | 2,484. | 313. |

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

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816

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

| | Name/Title | Amount of Compensation | Type(s) of Service |
|----|-------------------------|------------------------|---------------------|
| 1. | KAREN RISTUBEN | 72,100. | PROGRAM COORDINATOR |
| 2. | BERNADETTE ORR | 43,260. | DIRECTOR, NSCHN |
| 3. | REBECCA TURNER | 39,882. | IFT MANAGER |
| 4. | J. RICHARD CROWLEY | 36,979. | CFO |
| 5. | MICHELLE XIARHOS CURRAN | 35,680. | CCOMMUNICATIONS |

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, BOSTON, MA 02110 | 617-434-4551 |
| UMB FINANCIAL SERVICES | 4900 MAIN STREET, SUITE 700, KANSAS CITY, MO 64112 | |
| PEOPLES BANK | 25 RAILROAD AVENUE, SOUTH HAMILTON, MA 01982 | 800-894-0300 |

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

☐ Other (specify): _____

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

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: BETH FRANCIS

Street Address: 175 ANDOVER STREET

City: DANVERS State: MA ZIP Code: 01923

Phone Number: 978-777-8876

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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

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

STATEMENT 1

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

STATEMENT 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.

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

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?

☐ Yes ☒ No

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

If yes, please attach an explanation.

☐ Yes ☒ No

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

If yes, please attach an explanation.

☐ Yes ☒ No

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

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

☐ Yes ☒ No

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

| | | | |
|---------|--|-----------|---|
| FORM PC | OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES | STATEMENT | 1 |
|---------|--|-----------|---|

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> |
|--|-------------------|
| BETH FRANCIS 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | PRESIDENT AND CEO |
| JOHN COLUCCI 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| MATTHEW P. DORING 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | CLERK |
| JONATHAN PAYSON 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | CHAIR |
| STEVEN P. COHEN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| ROBERT R. FANNING, JR. 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TREASURER |
| ROBERT GOLDMAN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| RICHARD YAGJIAN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| JAMES A. RULLO 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| MOIRA MCNAMARA JAMES 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| BEN LANGILLE 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| ELIZABETH MOULTON 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |

| | |
|---|---------|
| RICHARD SUMBERG 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| ROBERT GORE 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| CHRISTINE ORTIZ 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| DEREK REED 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| ALLAN HUNTLEY 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| PAMELA SCOTT 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| JEAN VERBRIDGE 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |
| ANITA WORDAN 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923 | TRUSTEE |

FORM PC

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STATEMENT 2

NAME AND ADDRESSAREA OF RESPONSIBILITY

BOARD OF TRUSTEES
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

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

CUSTODY OF FINANCIAL RECORDS

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

MICHELLE PELLIETIER
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

RICK CROWLEY
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR CUSTODY OF FUNDS

BETH FRANCIS
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR FUNDRAISING

STRATTON LLOYD
175 ANDOVER STREET
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

STRATTON LLOYD
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR FUNDRAISING

CRYSTAL BATES
175 ANDOVER STREET
DANVERS, MA 01923

RESPONSIBLE FOR FUNDRAISING

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816

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

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

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

STATEMENT 3

FORM PC

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STATEMENT 3

NAME AND ADDRESS

ACORD FOOD PANTRY
PO BOX 2203 69 WILLOW STREET
SOUTH HAMILTON, MA 01982

NATURE OF TRANSACTIONAMOUNT INVOLVED

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

2,250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ADDISON GILBERT HOSPITAL
298 WASHINGTON STREET
GLOUCESTER, MA 01930

NATURE OF TRANSACTIONAMOUNT INVOLVED

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

22,950.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

AMIRAH INC.
PO BOX 760867
MELROSE, MA 02176

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ANDOVER CENTER FOR HISTORY & CULTURE
97 MAIN STREET
ANDOVER, MA 01810

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,100.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ANDOVER COALITION FOR EDUCATION FUND
PO BOX 1521
ANDOVER, MA 01810

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,600.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ANDOVER COMMUNITY TRUST, INC.
PO BOX 5038
ANDOVER, MA 01810

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

350.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ANDOVER PUBLIC SCHOOLS
36R GARTLET STREET
ANDOVER, MA 01810

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

106,480.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ANDOVER VILLAGE IMPROVEMENT SOCIETY
PO BOX 5907
ANDOVER, MA 01810

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

APPALACHIAN MOUNTAIN CLUB
81 BOW STREET
ARLINGTON, MA 02474

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MA 02184

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

3,309.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ARISE RWANDA
8333 SE STARK STREET
PORTLAND, OR 97216

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

5,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BABSON COLLEGE
231 FOREST STREET
BABSON PARK, MA 02457

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BACKYARD GROWERS
PO BOX 338
PERRY, OH 44081

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

10,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BATES COLLEGE
2 ANDREWS ROAD
LEWISTON, ME 04240

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

35,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BEVERLY BOOTSTRAPS COMMUNITY SERVICE
198 RANTOUL STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

16,489.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BOSTON MEDICAL CENTER
ONE BOSTON MEDICAL CENTER PLACE
BOSTON, MA 02118

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

10,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BOSTON UNIVERSITY GRADUATE SCHOOL OF
595 COMMONWEALTH AVENUE
BOSTON, MA 02215

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

10,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BOYS & GIRLS CLUB OF LAWRENCE
136 WATER STREET
LAWRENCE, MA 01841

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

32,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BROOKWOOD SCHOOL INC
1 BROOKWOOD ROAD
MANCHESTER, MA 01944

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CAMBODIAN MUTUAL ASSISTANCE ASSOCIAT
465 SCHOOL STREET
LOWELL, MA 01851

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CAPE ANN ANIMAL AID ASSOCIATION INC.
4 PAWS LANE
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

32,100.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CAPE ANN ART HAVEN
180 MAIN STREET
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

9,789.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CARE DIMENSIONS INC
78 LIBERTY STREET
DANVERS, MA 01923

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CARINGKIND, THE HEARTH OF ALZHEIMER'
360 LEXINGTON AVENUE, 3RD FLOOR
NEW YORK, NY 10017

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CHURCH OF THE HOLY GHOST
525 RIVER STREET
MATTAPAN, MA 02126

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,600.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

CITIZENS INN, INC.
81 MAIN STREET
PEABODY, MA 01960

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

23,282.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ENDICOTT COLLEGE
376 HALE STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

150,750.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ESPERANZA ACADEMY, INC.
198 GARDEN STREET
LAWRENCE, MA 01840

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

55,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ESSEX ART CENTER
56 ISLAND STREET
LAWRENCE, MA 01840

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

24,333.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ESSEX COUNTY GREENBELT ASSOCIATION
82 EASTERN AVENUE
ESSEX, MA 01929

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

21,194.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

275,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

FAMILY COOPERATIVE PRESCHOOL
48 CAROLINE WAY
NORTH ANDOVER, MA 01845

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

FAMILY PROMISE NORTH SHORE BOSTON
330 RANTOUL STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

12,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

64,099.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

FUNDACJA SENDZIMIRA
KIELECKA 16/4
02-550 WARSAW POLAND POLAND

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

35,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

GENERATION CITIZEN INC.
110 WALL STREET, SUITE 5
NEW YORK, NY 10085

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

GLOUCESTER EDUCATION FOUNDATION
185 MAIN STREET
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

42,650.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

GLOUCESTER FISHERMEN ATHLETIC ASSOCI
PO BOX 3010
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

2,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

GLOUCESTER FUND INC
45 MIDDLE STREET
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

80,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

GREATER BOSTON FOOD BANK
70 S BAY AVE
BOSTON, MA 02118

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

HAMILTON-WENHAM REGIONAL SCHOOL DIST
5 SCHOOL STREET
WENHAM, MA 01984

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

HARBORLIGHT COMMUNITY PARTNERS
283 ELLIOTT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

15,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

20,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

LAWRENCE PARTNERSHIP
420 COMMON STREET
LAWRENCE, MA 01840

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

651,061.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

4,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

44,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

MILLION DOLLAR ROUND TABLE FOUNDATIO
325 W TOUHY AVENUE
PARK RIDGE, IL 60068

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

15,660.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

MONTSERRAT COLLEGE OF ART
23 ESSEX STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

155,250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

NEIGHBORS IN NEED
60 ISLAND STREET SUITE 214-EAST
LAWRENCE, MA 01841

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

31,350.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

NORTH SHORE ALLIANCE OF GAY, LESBIAN
MUSEUM PLACE MALL, 2 EAST INDIA
SALEM, MA 01970

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

20,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

46,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

NORTHEAST HOSPITAL CORPORATION
133 BRIMBAL AVENUE
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

21,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

NOTRE DAME CRISTO REY HIGH SCHOOL
303 HAVERHILL STREET
LAWRENCE, MA 01840

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

11,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

99,788.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

PAN MASS CHALLENGE TRUST
77 4TH AVENUE
NEEDHAM HEIGHTS, MA 02494

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,400.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

PATHWAYS FOR CHILDREN
163 CABOT ST
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

40,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

PLANNED PARENTHOOD LEAGUE OF MA, INC
1055 COMMONWEALTH AVENUE
BOSTON, MA 02215

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

6,750.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

PLUMMER YOUTH PROMISE
37 WINTER ISLAND ROAD
SALEM, MA 01970

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

13,250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

RAW ART WORKS
37 CENTRAL SQUARE, 2ND FLOOR
LYNN, MA 01901

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ROCKPORT MILLBROOK MEADOW FUND
PO BOX 151
ROCKPORT, MA 01966

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ROOT NS, INC.
35 CONGRESS STREET
SALEM, MA 01970

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

237,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

SAINT MICHAEL'S PARISH
196 MAIN STREET
NORTH ANDOVER, MA 01845

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

4,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

SHARING FOUNDATION
PO BOX 600
CONCORD, MA 01742

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

17,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

SHORE COUNTRY DAY SCHOOL
545 CABOT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

6,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

SILENT SPRING INSTITUTE INC
320 NEVADA STREET, SUITE 302
NEWTON, MA 02460

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

SOUTH CHURCH IN ANDOVER
41 CENTRAL STREET
ANDOVER, MA 01810

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

13,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ST MARKS SCHOOL OF SOUTHBOROUGH INC
25 MARLBORO ROAD
SOUTHBOROUGH, MA 01772

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

105,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ST. MICHAEL ELEMENTARY SCHOOL
80 MAPLE AVENUE
NORTH ANDOVER, MA 01845

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

ST. TERESA'S ACADEMY
5600 MAIN STREET
KANSAS CITY, MO 64113

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

250.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

SUPPORTIVE LIVING INC.
400 W CUMMING PARK SUITE 6100
WOBURN, MA 01801

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

THE CABOT
286 CABOT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

91,050.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

THE CHILDREN'S CENTER FOR COMMUNICAT
6 ECHO AVENUE
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

2,500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

THIRD SECTOR NEW ENGLAND
89 SOUTH STREET, SUITE 700
BOSTON, MA 02111

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

TRUSTEES OF RESERVATIONS
572 ESSEX STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

77,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

UNIVERSITY OF MASSACHUSETTS AMHERST
181 PRESIDENT DRIVE
AMHERST, MA 01003

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

17,650.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

24,634.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,600.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

UTEC, INC
35 WARREN STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

3,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

WELLINGTON MANAGEMENT FOUNDATION
280 CONGRESS STREET FLOOR 9
BOSTON, MA 02210

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

WELLSPRING HOUSE INC.
302 ESSEX AVE
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

115,902.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

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

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

7,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

WOODS HOLE RESEARCH CENTER
149 WOODS HOLE ROAD
FALMOUTH, MA 02540

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

40,000.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

YMCA NORTH SHORE - CAPE ANN
71 MIDDLE STREET
GLOUCESTER, MA 01930

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

10,512.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

YMCA OF GREATER HOUSTON AREA
5614 H MARK CROSSWELL JR STREET
HOUSTON, TX 77021

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

500.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

YMCA OF THE NORTH SHORE INC.
245 CABOT STREET
BEVERLY, MA 01915

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

125,320.

PROCEDURE FOLLOWED

RELATED PARTIES RECUSED FROM VOTING.

NAME AND ADDRESS

BETH FRANCIS
175 ANDOVER STREET, SUITE 101
DANVERS, MA 01923

NATURE OF TRANSACTION

SALARY AND BENEFITS

AMOUNT INVOLVED

176,068.

PROCEDURE FOLLOWED

APPROVED BY THE BOARD OF TRUSTEES

Signature Required

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

Signature: _____ Date: _____

Printed Name: BETH FRANCIS

Title: PRESIDENT

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

Address 1115 WESTFORD STREET

City LOWELL State MA ZIP Code 01851

Phone Number (978) 452-2500

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

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

NONE

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

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

☐ Other (specify): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

ESSEX COUNTY COMMUNITY FOUNDATION, INC. 04-3407816
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:

BETH FRANCIS

Name and Title: **PRESIDENT**

Address **175 ANDOVER STREET**

City **DANVERS** State **MA** ZIP Code **01923**

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

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

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

ENTIRE BOARD OF TRUSTEES

Name and Title: _____

Address **175 ANDOVER STREET**

City **DANVERS** State **MA** ZIP Code **01923**

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

NONE

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

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

☐ Other (specify):

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

BETH FRANCIS

Name and Title: **PRESIDENT**

Address **175 ANDOVER STREET**

City **DANVERS**

State **MA**

ZIP Code **01923**

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

ENTIRE BOARD OF TRUSTEES

Name and Title: _____

Address **175 ANDOVER STREET**

City **DANVERS**

State **MA**

ZIP Code **01923**

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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) |
| 06/30/19 | 0. | 0. | 0. | |

| | | | | |
|-------|--|--|--|--------------------------------|
| 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, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

| | | | |
|----------------|--------------------------|----------------|---------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation: |

| | | | |
|----------------|--------------------------|----------------|---------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation: |

| | | | |
|----------------|--------------------------|----------------|---------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation: |

| | | | |
|----------------|--------------------------|----------------|---------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation: |

| | | | |
|----------------|--------------------------|----------------|---------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation: |

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

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 19

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

1. NAME: Essex County Community Foundation, Inc.

2. ADDRESS: 175 Andover Street, Suite 101

Danvers, MA 01923

(number)

(street)

(city or town)

(state)

(zip)

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

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

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

OR

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

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

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

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

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____ day of _____, 20 19.

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, 2019

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

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

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

Matthew Doring, Clerk
175 Andover Street
Danvers, MA 01923

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

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

Allan Huntley, Trustee
175 Andover Street
Danvers, MA 01923

Robert Gore, Trustee
175 Andover Street
Danvers, MA 01923

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

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

Derek Reed, Trustee
175 Andover Street
Danvers, MA 01923

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

Elizabeth Moulton, Trustee
175 Andover Street
Danvers, MA 01923

Ben Langille, Trustee
175 Andover Street
Danvers, MA 01923

Richard Yagjian, Trustee
175 Andover Street
Danvers, MA 01923

John Colucci, Trustee
175 Andover Street
Danvers, MA 01923

Christine Ortiz, Trustee
175 Andover Street
Danvers, MA 01923

Pamela Scott, 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