

Form **990**
(Rev. January 2020)
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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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

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

D Employer identification number

-*7816

E Telephone number

978-777-8876

G Gross receipts \$ 35,175,659

F Name and address of principal officer:

BETH FRANCIS

175 ANDOVER ST

DANVERS

MA 01923

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

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

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

J Website: WWW.ECCF.ORG

H(c) Group exemption number

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: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	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 2019 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	115
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39,426,400	23,816,873
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	206,574	2,478
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,893,988	2,631,071
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-100,015	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,426,947	26,450,422
	14 Benefits paid to or for members (Part IX, column (A), line 4)	20,374,427	18,121,766
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	885,058	1,063,327
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶	440,993	0
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,335,440	2,118,772
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,594,925	21,303,865
	19 Revenue less expenses. Subtract line 18 from line 12	16,832,022	5,146,557
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	91,073,475	96,930,282
	22 Net assets or fund balances. Subtract line 21 from line 20	16,556,255	15,766,980
		74,517,220	81,163,302

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 AND CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JAYNE A. ANDREWS

Preparer's signature

JAYNE A. ANDREWS

Date

09/22/20

Check ☐ if PTIN

self-employed

Firm's name ▶ ANTISS & CO., P.C.

Firm's EIN ▶ ** - ***7204

1115 WESTFORD STREET, 3RD FLOOR

Firm's address ▶ LOWELL, MA 01851-2701

Phone no. 978-452-2500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 19,852,659 including grants of \$ 18,121,766) (Revenue \$ 2,478)
 TO RAISE AND DISTRIBUTE FUNDS FROM THE COMMUNITY FOR THE BENEFIT OF
 CHARITABLE ORGANIZATIONS PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS.

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

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

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

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

4e Total program service expenses ► 19,852,659

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	21 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	78	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
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 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

Section A. Governing Body and Management

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

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

	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 on Schedule O)

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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	2.00									
VICE-CHAIR	0.00	X		X				0	0	0
(2) MATTHEW P. DORING	5.00									
CLERK	0.00	X		X				0	0	0
(3) JONATHAN PAYSON	5.00									
CHAIR	0.00	X		X				0	0	0
(4) STEVEN P. COHEN	2.00									
TRUSTEE	0.00	X						0	0	0
(5) ROBERT R. FANNING, JR.	5.00									
TREASURER	0.00	X		X				0	0	0
(6) ROBERT GOLDMAN	2.00									
TRUSTEE	0.00	X						0	0	0
(7) RICHARD YAGJIAN	2.00									
TRUSTEE	0.00	X						0	0	0
(8) JAMES A. RULLO	2.00									
TRUSTEE	0.00	X						0	0	0
(9) MOIRA MCNAMARA JAMES	2.00									
TRUSTEE	0.00	X						0	0	0
(10) BEN LANGILLE	2.00									
TRUSTEE	0.00	X						0	0	0
(11) ELIZABETH MOULTON	2.00									
TRUSTEE	0.00	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 dotted 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			
(12) RICHARD SUMBERG	2.00									
TRUSTEE	0.00	X						0	0	0
(13) ROBERT GORE	2.00									
TRUSTEE	0.00	X						0	0	0
(14) CHRISTINE ORTIZ	2.00									
TRUSTEE	0.00	X						0	0	0
(15) DEREK REED	2.00									
TRUSTEE	0.00	X						0	0	0
(16) ALLAN HUNTLEY	2.00									
TRUSTEE	0.00	X						0	0	0
(17) PAMELA SCOTT	2.00									
TRUSTEE	0.00	X						0	0	0
(18) JEAN VERBRIDGE	2.00									
TRUSTEE	0.00	X						0	0	0
(19) ANITA WORDEN	2.00									
TRUSTEE	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								310,895		32,569
d Total (add lines 1b and 1c)								310,895		32,569

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

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

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

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

	Yes	No
3		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

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,816,873			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,909,307			
	h	Total. Add lines 1a-1f		23,816,873			
	Program Service Revenue	2a	SUMMER FUNDS	Business Code	900099	2,478	2,478
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,478			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,990,415		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	9,365,893			
	b	Less: cost or other basis and sales exps.	(ii) Other	8,725,237			
	c	Gain or (loss)		640,656			640,656
	d	Net gain or (loss)		640,656			640,656
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		26,450,422	2,478	0	2,631,071	

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	18,086,766	18,086,766		
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	182,235	61,960	94,762	25,513
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	746,646	253,860	388,256	104,530
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	66,486	22,605	34,573	9,308
10 Payroll taxes	67,960	23,107	35,339	9,514
11 Fees for services (nonemployees):				
a Management				
b Legal	604		604	
c Accounting	17,015		17,015	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,389	23,389		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	362,951	282,100	80,501	350
12 Advertising and promotion				
13 Office expenses	106,403	36,178	55,329	14,896
14 Information technology	71,266	24,231	37,058	9,977
15 Royalties				
16 Occupancy	132,575	45,075	68,939	18,561
17 Travel	29,362	9,983	15,268	4,111
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	137,803	137,803		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,044	695	1,063	286
23 Insurance	5,318	1,808	2,765	745
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPORT	808,099	808,099		
b OTHER FUNDRAISING EXPENSE	243,202			243,202
c PROFESSIONAL DEVELOPMENT	178,741		178,741	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,303,865	19,852,659	1,010,213	440,993
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	957,602	1	1,973,789
	2 Savings and temporary cash investments	521,717	2	357,036
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,945	9	25,236
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 105,009		
	b Less: accumulated depreciation	10b 98,788	3,953	10c 6,221
	11 Investments—publicly traded securities	89,550,258	11	94,568,000
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,073,475	16	96,930,282	
Liabilities	17 Accounts payable and accrued expenses	201,636	17	140,776
	18 Grants payable	585,435	18	529,252
	19 Deferred revenue	5,000	19	23,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	143,947
	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	15,764,184	25	14,930,005
	26 Total liabilities. Add lines 17 through 25	16,556,255	26	15,766,980
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	68,387,105	27	74,768,168
	28 Net assets with donor restrictions	6,130,115	28	6,395,134
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	74,517,220	32	81,163,302
33 Total liabilities and net assets/fund balances	91,073,475	33	96,930,282	

Part XI Reconciliation of Net AssetsCheck 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	26,450,422
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,303,865
3	Revenue less expenses. Subtract line 2 from line 1	3	5,146,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,517,220
5	Net unrealized gains (losses) on investments	5	419,897
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,079,628
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	81,163,302

Part XII Financial Statements and ReportingCheck 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? 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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 dotted 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			
(20) STRATTON LLOYD	40.00									
COO	0.00			X				133,587	0	27,642
(21) BETH FRANCIS	40.00									
PRESIDENT AND CEO	0.00			X				177,308	0	4,927
1b Subtotal								310,895		32,569
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990 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

2019Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,955,771	9,377,438	8,656,571	11,882,258	23,816,873	63,688,911
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	9,955,771	9,377,438	8,656,571	11,882,258	23,816,873	63,688,911
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)						1,876,552
6 Public support. Subtract line 5 from line 4						61,812,359

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	9,955,771	9,377,438	8,656,571	11,882,258	23,816,873	63,688,911
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	614,473	1,015,707	1,318,950	1,724,532	1,990,415	6,664,077
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						70,352,988
12 Gross receipts from related activities, etc. (see instructions)					12	2,478

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** ☐

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14** 87.86 %
- 15** Public support percentage from 2018 Schedule A, Part II, line 14 **15** 86.46 %
- 16a** **33 1/3% support test—2019.** 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 ☒
- b** **33 1/3% support test—2018.** 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 ☐
- 17a** **10%-facts-and-circumstances test—2019.** 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 ☐
- b** **10%-facts-and-circumstances test—2018.** 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 ☐
- 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 ☐

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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?		
11a		
b A family member of a person described in (a) above?		
11b		
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 .		
11c		

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.		
1		
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.		
2		

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).		
1		

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?		
1		
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).		
2		
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.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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).		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

SUPPORTING SCHEDULE - UNUSUAL GRANTS

FOR DISASTER RECOVERY	\$	0
BEQUEST	\$	0
FOR DISASTER RECOVERY	\$	0
FOR DISASTER RECOVERY	\$	0
FOR DISASTER RECOVERY	\$	0

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ 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.**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

Employer identification number

-*7816

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions)

▶ \$

3 Volunteer hours for political campaign activities (see instructions)

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

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

▶ \$

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

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

▶ \$

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

▶ \$

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

▶ \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c Total lobbying expenditures (add lines 1a and 1b)	0													
d Other exempt purpose expenditures	21,303,865													
e Total exempt purpose expenditures (add lines 1c and 1d)	21,303,865													
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	491,597	604,160	1,000,000	1,000,000	3,095,757
b Lobbying ceiling amount (150% of line 2a, column (e))					4,643,636
c Total lobbying expenditures				0	
d Grassroots nontaxable amount	122,899	151,040	250,000	250,000	773,939
e Grassroots ceiling amount (150% of line 2d, column (e))					1,160,909
f Grassroots lobbying expenditures				0	

Part IV Supplemental Information (continued)

1	Supplemental information (continued)
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**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

2019Open to Public
Inspection

Name of the organization

Employer identification number

ESSEX COUNTY COMMUNITY FOUNDATION

-*7816

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	91	
2 Aggregate value of contributions to (during year)	10,225,919	
3 Aggregate value of grants from (during year)	5,993,006	
4 Aggregate value at end of year	29,059,558	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

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

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange program
e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,220,585	15,207,086	14,150,630	8,245,447	8,740,470
b Contributions	2,522,278	589,908	979,390	1,106,136	363,604
c Net investment earnings, gains, and losses	719,373	967,876	1,056,260	1,125,724	-60,824
d Grants or scholarships	928,131	902,423			
e Other expenditures for facilities and programs	-795,154	-2,358,138	979,194	-3,673,323	797,803
f Administrative expenses					
g End of year balance	21,329,259	18,220,585	15,207,086	14,150,630	8,245,447

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 Term 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		105,009	98,788	6,221
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,221

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS	14,582,397
(3) CHARITABLE GIFT ANNUITIES	251,669
(4) FUNDS HELD FOR OTHERS	95,939
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,930,005

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

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	26,813,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	419,897
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	419,897
3	Subtract line 2e from line 1	3	26,393,539
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	23,389
b	Other (Describe in Part XIII.)	4b	33,494
c	Add lines 4a and 4b	4c	56,883
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,450,422

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	20,167,354
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,167,354
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	23,389
b	Other (Describe in Part XIII.)	4b	1,113,122
c	Add lines 4a and 4b	4c	1,136,511
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,303,865

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

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 PROVISIONS FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE ACCOMPANYING FINANCIAL STATEMENTS. 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, 2020.

Part XIII Supplemental Information (continued)

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. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO REVIEW BY TAXING AUTHORITIES FOR PERIODS PRIOR TO 2017. 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 - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
FUNDRAISING EXPENSES \$ 0

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS \$ 33,494

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
DIRECT BENEFIT \$ 0

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS \$ 1,113,122

**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

2019Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

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) -					
(1)			GRANTS TO RECIPIENTS		35,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					35,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					35,000

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

Schedule F (Form 990) 2019

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

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

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

3 Enter total number of other organizations or entities

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

Part IV Foreign Forms

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

Part V**Supplemental Information**

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

PART I, LINE 3 - ACTIVITIES PER REGION

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

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATIONEmployer identification number
-*7816**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 noncash assistance	(h) Purpose of grant or assistance
(1)	ACORD FOOD PANTRY 69 WILLOW ST SOUTH HAMILTON MA 01982-0203	**--***3511	501C3	18,200				GENERAL SUPPORT
(2)	ACT LAWRENCE 15 UNION STREET, ENTRANCE C LAWRENCE MA 01840	**--***8855	501C3	18,000				GENERAL SUPPORT
(3)	ACTION, INC. 180 MAIN STREET GLOUCESTER MA 01930-3749	**--***9332	501C3	428,680				GENERAL SUPPORT
(4)	ADDISON GILBERT HOSPITAL OFFICE OF PHILANTHROPY GLOUCESTER MA 01930	**--***1317	501C3	38,666				GENERAL SUPPORT
(5)	ALZHEIMER'S ASSOCIATION, MASSACHUSETT 309 WAVERLEY OAKS ROAD WALTHAM MA 02458	**--***9601	501C3	192,895				GENERAL SUPPORT
(6)	AMERICAN CIVIL LIBERTIES FOUNDATION PO BOX 60173 PHILADELPHIA PA 19102	**--***2013	501C3	10,000				GENERAL SUPPORT
(7)	ANDOVER CENTER FOR HISTORY & CULTURE 97 MAIN STREET ANDOVER MA 01810-3803	**--***6332	501C3	6,600				GENERAL SUPPORT
(8)	ANDOVER COMMITTEE FOR A BETTER CHAN PO BOX 212 ANDOVER MA 01810-0004	**--***2382	501C3	5,050				GENERAL SUPPORT
(9)	ANDOVER PUBLIC SCHOOLS 36R BARTLET STREET ANDOVER MA 01810			10,500				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **239**3 Enter total number of other organizations listed in the line 1 table **19**

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

Schedule I (Form 990) (2019)

DAA

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION
Part I General Information on Grants and AssistanceEmployer identification number
-*7816

- 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 noncash assistance	(h) Purpose of grant or assistance
(1)	ANNA JAKUES HOSPITAL 25 HIGHLAND AVENUE NEWBURYPORT MA 01950	**--***4338	501C3	20,000				GENERAL SUPPORT
(2)	ANNISQUAM YACHT CLUB SAILING & TENN 17 RIVER ROAD GLOUCESTER MA 01930	**--***7718	501C3	25,000				GENERAL SUPPORT
(3)	ASPIRE DEVELOPMENTAL SERVICES INC 176 FRANKLIN STREET LYNN MA 01904	**--***4289	501C3	15,000				GENERAL SUPPORT
(4)	ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER MA 01609	**--***5776	501C3	10,500				GENERAL SUPPORT
(5)	BAIL PROJECT INC PO BOX 750 VENICE CA 90294	**--***5512	501C3	10,000				GENERAL SUPPORT
(6)	BARR FOUNDATION THE PILOT HOUSE BOSTON MA 02110	**--***9815	501C3	13,978				GENERAL SUPPORT
(7)	BATES COLLEGE 2 ANDREWS ROAD LEWISTON ME 04240	**--***1781	501C3	25,000				GENERAL SUPPORT
(8)	BEVERLY BOOTSTRAPS COMMUNITY SERVICE 35 PARK STREET BEVERLY MA 01915	**--***4507	501C3	86,800				GENERAL SUPPORT
(9)	BEVERLY HOSPITAL/LAHEY HEALTH SYSTEM 85 HERRICK STREET BEVERLY MA 01915	**--***1317	501C3	5,500				GENERAL SUPPORT

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

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

DAA

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BEYOND SOCCER 280 MERRIMACK STREET, #309 LAWRENCE MA 01843-1779	**-***8718	501C3	11,500				GENERAL SUPPORT
(2)	BLACK LIVES MATTER FOUNDATION 19197 GOLDEN VALLEY RD CANYON COUNTRY CA 91387	**-***3254	501C3	10,000				GENERAL SUPPORT
(3)	BLESSED STEPHEN BELLESINI O S A ACA 94 BRADFORD STREET LAWRENCE MA 01840	**-***5445	501C3	23,000				GENERAL SUPPORT
(4)	BLUE DEER CENTER PO BOX 905 MARGARETVILLE NY 12455	**-***1704	501C3	25,000				GENERAL SUPPORT
(5)	BLUEPRINT NORTH CAROLINA 3739 NATIONAL DRIVE RALEIGH NC 27612	**-***9538	501C3	25,000				GENERAL SUPPORT
(6)	BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL MA 02467	**-***3545	501C3	13,100				GENERAL SUPPORT
(7)	BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON MA 02215	**-***3547	501C3	26,396				GENERAL SUPPORT
(8)	BOYS & GIRLS CLUB OF GREATER HAVERH 55 EMERSON STREET HAVERHILL MA 01830	**-***1215	501C3	15,000				GENERAL SUPPORT
(9)	BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE MA 01841-4722	**-***6824	501C3	34,500				GENERAL SUPPORT

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

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

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

DAA

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

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
(1)	BREAD AND ROSES INC. 58 NEWBURY STREET LAWRENCE MA 01840-1714	**-***8119	501C3	26,000				GENERAL SUPPORT
(2)	BRIDGEWELL INCORPORATED 10 DEARBORN ROAD PEABODY MA 01960	**-***6940	501C3	47,500				GENERAL SUPPORT
(3)	BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER MA 01845	**-***0844	501C3	10,000				GENERAL SUPPORT
(4)	BROOKWOOD SCHOOL INC 1 BROOKWOOD ROAD MANCHESTER MA 01944	**-***7413	501C3	27,000				GENERAL SUPPORT
(5)	CABOT PERFORMING ARTS CENTER INC 286 CABOT STREET BEVERLY MA 01915	**-***1634	501C3	279,700				GENERAL SUPPORT
(6)	CAMP FIRE BOYS AND GIRLS OF NORTH 2 CAIN ROAD SALEM MA 01970-1712	**-***3921	501C3	7,500				GENERAL SUPPORT
(7)	CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO ME 04015	**-***2877	501C3	11,000				GENERAL SUPPORT
(8)	CAPE ANN ANIMAL AID ASSOCIATION INC 4 PAWS LANE GLOUCESTER MA 01930	**-***4914	501C3	22,000				GENERAL SUPPORT
(9)	CAPE ANN ART HAVEN 180 B MAIN STREET GLOUCESTER MA 01930	**-***5255	501C3	7,000				GENERAL SUPPORT

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

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

DAA

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

Name of the organization

**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

2019**Open to Public
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Employer identification number

-*7816

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 noncash assistance	(h) Purpose of grant or assistance
(1)	CAPE ANN MUSEUM INC 27 PLEASANT STREET GLOUCESTER MA 01930-5909	**--***3545	501C3	63,500				GENERAL SUPPORT
(2)	CARE DIMENSIONS INC 75 SYLVAN ST, STE B102 DANVERS MA 01923	**--***3792	501C3	17,500				GENERAL SUPPORT
(3)	CARROLL COUNTY HUMANE SOCIETY PO BOX 1304 CARROLLTON GA 30112	**--***4855	501C3	6,233				GENERAL SUPPORT
(4)	CATHOLIC CHARITIES NORTH - LYNN 117 NORTH COMMON STREET LYNN MA 01902	**--***6617	501C3	10,000				GENERAL SUPPORT
(5)	CATIE'S CLOSET INC. 19 SCHOOL STREET DRACUT MA 01826	**--***1953	501C3	8,000				GENERAL SUPPORT
(6)	CENTERBOARD INC 16 CITY HALL SQUARE LYNN MA 01901	**--***9658	501C3	18,000				GENERAL SUPPORT
(7)	CHANGE IS SIMPLE INC 8 ENON STREET BEVERLY MA 01915	**--***3482	501C3	14,850				GENERAL SUPPORT
(8)	CITIZENS INN INC 81 MAIN STREET PEABODY MA 01960	**--***0856	501C3	61,000				GENERAL SUPPORT
(9)	CITY OF BEVERLY MA 191 CABOT STREET BEVERLY MA 01915			25,000				GENERAL SUPPORT

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

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

DAA

**SCHEDULE I
(Form 990)**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

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(1)	CITY OF LAWRENCE CITY HALL LAWRENCE MA 01840			225,885				GENERAL SUPPORT
(2)	CITY OF LOWELL CITY HALL LOWELL MA 01852			10,000				GENERAL SUPPORT
(3)	CITY OF SALEM SALEM CITY HALL SALEM MA 01970			277,106				GENERAL SUPPORT
(4)	CLIFTON CONGREGATIONAL CHURCH ATTN: SAUGUS UNITED PARISH FOOD PAN SAUGUS MA 01906			9,000				GENERAL SUPPORT
(5)	COMMUNITIES TOGETHER, INC. PO BOX 428 LAWRENCE MA 01842	**-***8423	501C3	8,000				GENERAL SUPPORT
(6)	COMMUNITY ACTION, INC. 3 WASHINGTON SQUARE, STE. 4 HAVERHILL MA 01830	**-***3153	501C3	373,710				GENERAL SUPPORT
(7)	COMMUNITY DAY CARE CENTER OF LAWREN 190 HAMPSHIRE STREET LAWRENCE MA 01840	**-***3133	501C3	235,751				GENERAL SUPPORT
(8)	CONNECTICUT CHILDREN'S MEDICAL CENT 282 WASHINGTON STREET HARTFORD CT 06106-3322	**-***9869	501C3	130,044				GENERAL SUPPORT
(9)	CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON MA 02110	**-***9986	501C3	21,250				GENERAL SUPPORT

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

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

Name of the organization

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

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OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

Part I General Information on Grants and Assistance1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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(1)	COR UNUM MEAL CENTER 118 SOUTH BROADWAY STREET LAWRENCE MA 01843	**--***6617	501C3	10,000				GENERAL SUPPORT
(2)	DANVERS COMMUNITY COUNCIL INC. C/O PO BOX 2076 DANVERS MA 01923-5076	**--***7791	501C3	7,000				GENERAL SUPPORT
(3)	DEAF INC. 215 BRIGHTON AVENUE ALLSTON MA 02134	**--***8350	501C3	10,000				GENERAL SUPPORT
(4)	DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PARKWAY, STE 160 MORRISVILLE NC 27560	**--***1150	501C3	25,000				GENERAL SUPPORT
(5)	DOUG FLUTIE JR FOUNDATION FOR AUTIS 1661 WORCESTER ROAD, SUITE 102 FRAMINGHAM MA 01701	**--***3134	501C3	22,000				GENERAL SUPPORT
(6)	EARLS HOPE RESCUE, INC. 1357 OLD HIGHWAY 100 WACO GA 30182	**--***9879	501C3	14,656				GENERAL SUPPORT
(7)	EARTHJUSTICE 50 CALIFORNIA STREET SAN FRANCISCO CA 94111	**--***0465	501C3	75,000				GENERAL SUPPORT
(8)	ELDER SERVICES OF THE MERRIMACK VAL 280 MERRIMACK STREET, SUITE 400 LAWRENCE MA 01843	**--***5136	501C3	50,000				GENERAL SUPPORT
(9)	ELEVATED THOUGHT FOUNDATION, INC. 15 UNION STREET STE 120 LAWRENCE MA 01840	**--***9031	501C3	6,000				GENERAL SUPPORT

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

 Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0047

2019

 Open to Public
 Inspection

Attach to Form 990.

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

Part I General Information on Grants and Assistance

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

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(1)	ELIOT COMMUNITY HUMAN SERVICES INC 125 HARTWELL AVENUE LEXINGTON MA 02421	**--***6924	501C3	25,000				GENERAL SUPPORT
(2)	EMMAUS, INC. P.O. BOX 568 HAVERHILL MA 01831	**--***2774	501C3	10,000				GENERAL SUPPORT
(3)	ENDICOTT COLLEGE 376 HALE STREET BEVERLY MA 01915	**--***3567	501C3	6,750				GENERAL SUPPORT
(4)	ENTREPRENEURSHIP FOR ALL INC. 175 CABOT STREET, SUITE 100 LOWELL MA 01854	**--***8182	501C3	371,505				GENERAL SUPPORT
(5)	ENVIRONMENT AMERICA RESEARCH AND PD 294 WASHINGTON STREET, SUITE 500 BOSTON MA 02108	**--***9865	501C3	7,500				GENERAL SUPPORT
(6)	ENVIRONMENTAL LEAGUE OF MASSACHUSETTS 15 COURT SQUARE, SUITE 1000 BOSTON MA 02108	**--***0271	501C3	5,250				GENERAL SUPPORT
(7)	ESCUELA AGRICOLA PANAMERICANA 1701 PENNSYLVANIA AVE., NW STE 300 WASHINGTON DC 20006	**--***4172	501C3	88,000				GENERAL SUPPORT
(8)	ESSEX ART CENTER 56 ISLAND STREET LAWRENCE MA 01840	**--***8501	501C3	22,250				GENERAL SUPPORT
(9)	ESSEX COUNTY COMMUNITY ORGANIZATION C/O ST. STEPHEN'S CHURCH LYNN MA 01902-4553	**--***8237	501C3	23,200				GENERAL SUPPORT

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**SCHEDULE I
(Form 990)**

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

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

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(1)	ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVENUE ESSEX MA 01929-1329	**-***4297	501C3	30,816				GENERAL SUPPORT
(2)	ESSEX HISTORICAL SOCIETY & SHIPBUILDING PO BOX 277 ESSEX MA 01929	**-***5873	501C3	7,500				GENERAL SUPPORT
(3)	ESSEX NORTH SHORE AGRICULTURAL & TECHNICAL CENTER 565 MAPLE STREET HATHORNE MA 01937			52,500				GENERAL SUPPORT
(4)	EVELYN LILLY LUTZ FOUNDATION 500 BUILDING, SUITE 6500 BEVERLY MA 01915	**-***3885	501C3	783,000				GENERAL SUPPORT
(5)	EXPRESS YOURSELF 100 CUMMINGS CENTER, SUITE 165E BEVERLY MA 01915	**-***4365	501C3	16,000				GENERAL SUPPORT
(6)	FAMILIES FOR DEPRESSION AWARENESS 391 TOTTEN POND ROAD, SUITE 101 WALTHAM MA 02451	**-***6730	501C3	20,000				GENERAL SUPPORT
(7)	FAMILY PROMISE NORTH SHORE BOSTON 330 RANTOUL STREET BEVERLY MA 01915	**-***1635	501C3	14,750				GENERAL SUPPORT
(8)	FAMILY SERVICES OF THE MERRIMACK VALLEY 430 NORTH CANAL STREET LAWRENCE MA 01840-1246	**-***4054	501C3	46,000				GENERAL SUPPORT
(9)	FIDELITY HOUSE INC AKA FIDELITY HOUSE HUMAN RESOURCES LAWRENCE MA 01843	**-***9679	501C3	13,500				GENERAL SUPPORT

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DAA

Schedule I (Form 990) (2019)

Employer identification number
-*7816

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

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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(1)	FIRST BAPTIST CHURCH IN BEVERLY 221 CABOT STREET BEVERLY MA 01915	**-***3860		35,000				GENERAL SUPPORT
(2)	FIRST CHURCH CONGREGATIONAL, UCC 26 PLEASANT STREET METHUEN MA 01844			10,000				GENERAL SUPPORT
(3)	FIRST PARISH CHURCH - CAMBRIDGE 3 CHURCH STREET CAMBRIDGE MA 02138			35,613				GENERAL SUPPORT
(4)	FOOD PROJECT - LINCOLN 10 LEWIS STREET LINCOLN MA 01773	**-***2532	501C3	8,000				GENERAL SUPPORT
(5)	FRANCISCAN HOSPITAL FOR CHILDREN IN AKA FRANCISCAN CHILDREN'S BRIGHTON MA 02135	**-***6617	501C3	15,800				GENERAL SUPPORT
(6)	FRANCONIA SKI CLUB PO BOX 462 FRANCONIA NH 03580	**-***5446	501C3	20,000				GENERAL SUPPORT
(7)	FRIENDS OF MIDDLESEX FIELDS RESERVAT 235 WEST FOSTER STREET MELROSE MA 02176	**-***8797	501C3	11,876				GENERAL SUPPORT
(8)	FRIENDS OF THE MAD RIVER GENERAL WAIT HOUSE WAITSFIELD VT 05673	**-***8974	501C3	6,000				GENERAL SUPPORT
(9)	FRONT ROW FOUNDATION CORP PO BOX 15795 RICHMOND VA 23227	**-***8151	501C3	8,889				GENERAL SUPPORT

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DAA

Schedule I (Form 990) (2019)

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

2019Open to Public
Inspection

Employer identification number

-*7816

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

Name of the organization

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

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

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(1)	GARRISON FOREST SCHOOL INC 300 GARRISON FOREST ROAD OWINGS MILLS MD 21117	**--***1516	501C3	101,500				GENERAL SUPPORT
(2)	GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, STE 300 ALEXANDRIA VA 22314	**--***3585	501C3	10,000				GENERAL SUPPORT
(3)	GLOUCESTER ADVENTURE, INC. AKA SCHOONER ADVENTURE GLOUCESTER MA 01931-1306	**--***0719	501C3	29,500				GENERAL SUPPORT
(4)	GLOUCESTER CULTURAL & CIVIC CENTER 131 ATLANTIC ROAD GLOUCESTER MA 01930	**--***2006	501C3	50,000				GENERAL SUPPORT
(5)	GLOUCESTER EDUCATION FOUNDATION PO BOX 1104 GLOUCESTER MA 01931	**--***4669	501C3	22,000				GENERAL SUPPORT
(6)	GLOUCESTER FUND INC 45 MIDDLE STREET GLOUCESTER MA 01930	**--***1016	501C3	25,000				GENERAL SUPPORT
(7)	GLOUCESTER HIGH SCHOOL 32 LESLIE O JOHNSON ROAD GLOUCESTER MA 01930			52,500				GENERAL SUPPORT
(8)	GLOUCESTER MARINE GENOMICS INSTITUTE 417 MAIN STREET GLOUCESTER MA 01930	**--***0006	501C3	152,500				GENERAL SUPPORT
(9)	GLOUCESTER MARITIME HERITAGE CENTER 23 HARBOR LOOP GLOUCESTER MA 01930	**--***0870	501C3	27,000				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

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

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number
-*7816**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	GLOUCESTER STAGE COMPANY 267 EAST MAIN STREET GLOUCESTER MA 01930	**--***5199	501C3	11,000				GENERAL SUPPORT
(2)	GOOD HOPE INC 47 GROVE STREET LYNNFIELD MA 01940	**--***5461	501C3	8,000				GENERAL SUPPORT
(3)	GRACE CENTER, INC. P.O. BOX 135 GLOUCESTER MA 01930	**--***7540	501C3	10,500				GENERAL SUPPORT
(4)	GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON MA 02118	**--***7782	501C3	13,000				GENERAL SUPPORT
(5)	GREATER LAWRENCE COMMUNITY ACTION 305 ESSEX STREET, 4TH FLOOR LAWRENCE MA 01840	**--***7449	501C3	427,991				GENERAL SUPPORT
(6)	GREATER LAWRENCE COMMUNITY BOATING 1 EATON STREET LAWRENCE MA 01840	**--***1824	501C3	20,000				GENERAL SUPPORT
(7)	GREATER LAWRENCE FAMILY HEALTH CENT ONE GRIFFIN BROOKS DRIVE, SUITE 101 METHUEN MA 01844	**--***8824	501C3	107,000				GENERAL SUPPORT
(8)	GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN MA 01901	**--***1129	501C3	30,500				GENERAL SUPPORT
(9)	GREENING HAITI FUND 31 LEONARD STREET GLOUCESTER MA 01930	**--***2266	501C3	10,000				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

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

Name of the organization

**Grants and Other Assistance to Organizations,
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Part I **ESSEX COUNTY COMMUNITY FOUNDATION****General Information on Grants and Assistance**Employer identification number
-*7816**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	GROUNDWORK LAWRENCE 50 ISLAND STREET, SUITE 101 LAWRENCE MA 01840	**--***6770	501C3	474,078				GENERAL SUPPORT
(2)	GUNSTON SCHOOL 911 GUNSTON ROAD CENTREVILLE MD 21617		501C3	8,000				GENERAL SUPPORT
(3)	HAMILTON-WENHAM FRIENDS OF THE ARTS PO BOX 198 HAMILTON MA 01936	**--***9991	501C3	37,371				GENERAL SUPPORT
(4)	HARBORLIGHT COMMUNITY PARTNERS 283 ELLIOT STREET BEVERLY MA 01915	**--***3571	501C3	30,000				GENERAL SUPPORT
(5)	HARBORLIGHT-STONERIDGE MONTESSORI S 243 ESSEX STREET BEVERLY MA 01915	**--***0395	501C3	59,500				GENERAL SUPPORT
(6)	HARVEY GIRLS INC. 184 PLEASANT VALLEY STREET METHUEN MA 01844	**--***7138	501C3	15,000				GENERAL SUPPORT
(7)	HAVEN PROJECT 57 MUNROE STREET LYNN MA 01901	**--***7693	501C3	16,000				GENERAL SUPPORT
(8)	HEALING ABUSE WORKING FOR CHANGE 27 CONGRESS STREET SALEM MA 01970	**--***5367	501C3	25,000				GENERAL SUPPORT
(9)	HEALTH LAW ADVOCATES INC 1 FEDERAL STREET, 5TH FLOOR BOSTON MA 02110	**--***8116	501C3	40,000				GENERAL SUPPORT

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**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	IIO, INC. 76 TOPSFIELD ROAD WENHAM MA 01984	**-***8247	501C3	36,500				GENERAL SUPPORT
(2)	IMMIGRANT CITY ARCHIVES INC AKA LAWRENCE HISTORY CENTER LAWRENCE MA 01840	**-***1157	501C3	16,500				GENERAL SUPPORT
(3)	IPSWICH RIVER WATERSHED ASSOCIATION P.O. BOX 576 IPSWICH MA 01938	**-***5125	501C3	5,848				GENERAL SUPPORT
(4)	JEANNE GEIGER CRISIS CENTER 2 HARRIS STREET NEWBURYPORT MA 01950	**-***4823	501C3	31,500				GENERAL SUPPORT
(5)	JOHN ASHFORD LINK HOUSE, INC. MARIS WOMEN'S CENTER SALISBURY MA 01952	**-***8329	501C3	240,250				GENERAL SUPPORT
(6)	JUSTICE RESOURCE INSTITUTE, INC. 160 GOULD STREET, SUITE 300 NEEDHAM MA 02494	**-***6357	501C3	55,000				GENERAL SUPPORT
(7)	LANDMARK SCHOOL 429 HALE STREET PRIDES CROSSING MA 01965	**-***9311	501C3	20,000				GENERAL SUPPORT
(8)	LATINO LEADERSHIP COALITION INC. 30 BOARDMAN STREET SALEM MA 01970	**-***1389	501C3	8,000				GENERAL SUPPORT
(9)	LATINO SUPPORT NETWORK 140 UNION ST STE 203 # 205 LYNN MA 01901	**-***9515	501C3	10,000				GENERAL SUPPORT

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

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

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

DAA

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

OMB No. 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

Part I General Information on Grants and Assistance1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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(1)	LAWRENCE BOYS & GIRLS CLUB INC 136 WATER STREET LAWRENCE MA 01841-4722	**--***4377	501C3	10,000				GENERAL SUPPORT
(2)	LAWRENCE COMMUNITY WORKS, INC. ATTN: ACCOUNTS RECEIVABLE LAWRENCE MA 01841	**--***2308	501C3	34,500				GENERAL SUPPORT
(3)	LAWRENCE FAMILY DEVELOPMENT AND EDUCATION 34 WEST STREET LAWRENCE MA 01841	**--***7142	501C3	21,000				GENERAL SUPPORT
(4)	LAWRENCE GENERAL HOSPITAL ONE GENERAL STREET LAWRENCE MA 01842-0389	**--***3586	501C3	85,500				GENERAL SUPPORT
(5)	LAWRENCE PARTNERSHIP C/O NECC LAWRENCE MA 01840	**--***9447	501C3	2,367,132				GENERAL SUPPORT
(6)	LAZARUS HOUSE INC. 412 HAMPSHIRE STREET LAWRENCE MA 01841	**--***5382	501C3	52,500				GENERAL SUPPORT
(7)	LOWELL COMMUNITY LOAN FUND INC. DBA: MILL CITY COMMUNITY INVESTMENT LAWRENCE MA 01840	**--***1892	501C3	1,817,275				GENERAL SUPPORT
(8)	LYNN COMMUNITY HEALTH INC 269 UNION STREET LYNN MA 01901	**--***5066	501C3	128,000				GENERAL SUPPORT
(9)	LYNN ECONOMIC OPPORTUNITY, INC. 156 BROAD STREET LYNN MA 01901	**--***8885	501C3	642,900				GENERAL SUPPORT

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DAA

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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(1)	LYNN HOUSING AUTHORITY DEVELOPMENT 10 CHURCH STREET LYNN MA 01902	**-***4084	501C3	15,000				GENERAL SUPPORT
(2)	LYNN SHELTER ASSOCIATION 100 WILLOW STREET LYNN MA 01901-1100	**-***3594	501C3	10,500				GENERAL SUPPORT
(3)	MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL IS., STE. 201 TOPSHAM ME 04086-9800	**-***9105	501C3	45,000				GENERAL SUPPORT
(4)	MAINE COMMUNITY FOUNDATION 245 MAIN STREET ELLSWORTH ME 04605-1613	**-***1479	501C3	65,616				GENERAL SUPPORT
(5)	MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK GA 31525	**-***6390	501C3	8,000				GENERAL SUPPORT
(6)	MARION INSTITUTE 202 SPRING STREET MARION MA 02738	**-***6583	501C3	6,000				GENERAL SUPPORT
(7)	MASSACHUSETTS AUDUBON SOCIETY INC IPSWICH RIVER WILDLIFE SANCTUARY TOPSFIELD MA 01983-1922	**-***4702	501C3	6,657				GENERAL SUPPORT
(8)	MASSACHUSETTS BAIL FUND INC 2161 MASSACHUSETTS AVENUE CAMBRIDGE MA 02140	**-***4766	501C3	22,000				GENERAL SUPPORT
(9)	MASSACHUSETTS COALITION FOR THE HOME 73 BUFFUM STREET LYNN MA 01902	**-***9662	501C3	17,000				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

OMB No. 1545-0047

2019Open to Public
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☐ Yes ☐ No

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

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION
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(1)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY MARTIN TRUST CENTER FOR MIT ENTREPRENEURSHIP CAMBRIDGE MA 02142	**-***3594	501C3	50,000				GENERAL SUPPORT
(2)	MERRIMACK VALLEY HABITAT FOR HUMANITY 60 ISLAND STREET, 2ND FL. EAST LAWRENCE MA 01840	**-***2831	501C3	9,500				GENERAL SUPPORT
(3)	MERRIMACK VALLEY PLANNING COMMISSION 160 MAIN STREET HAVERHILL MA 01830	**-***0256	501C3	150,000				GENERAL SUPPORT
(4)	MERRIMACK VALLEY YMCA - ADMINISTRATION 360 MERRIMACK ST., STE. 270 LAWRENCE MA 01843	**-***4378	501C3	55,500				GENERAL SUPPORT
(5)	METHUEN ARLINGTON NEIGHBORHOOD, INC. 141 TENNEY STREET METHUEN MA 01844-3810	**-***5830	501C3	17,500				GENERAL SUPPORT
(6)	METRO NORTH REGIONAL EMPLOYMENT BOARD 186 ALEWIFE BROOK PKWY, STE. 216 CAMBRIDGE MA 02138	**-***9555	501C3	10,000				GENERAL SUPPORT
(7)	MILLION DOLLAR ROUND TABLE FOUNDATION 325 W. TOWHY AVENUE PARK RIDGE IL 60068	**-***0766	501C3	15,660				GENERAL SUPPORT
(8)	MILTON ACADEMY 170 CENTRE STREET MILTON MA 02186	**-***3603	501C3	50,000				GENERAL SUPPORT
(9)	MINISTERIO LOS MILAGROS DE JESUS IN AKA FOOD FOR THE WORLD LAWRENCE MA 01841	**-***0504	501C3	8,000				GENERAL SUPPORT

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**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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Employer identification number

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**SCHEDULE I
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Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION
Part I General Information on Grants and AssistanceEmployer identification number
-*7816

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

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(1)	MONTERRAT COLLEGE OF ART 23 ESSEX STREET BEVERLY MA 01915	**--***9814	501C3	68,000				GENERAL SUPPORT
(2)	MOON BALLOON PROJECT INC. BUILDING 23 CEDAR STREET HINGHAM MA 02043	**--***4202	501C3	34,000				GENERAL SUPPORT
(3)	MOORE BOOKS INC 463 LINCOLN PLACE, NO 220 BROOKLYN NY 11238-6201	**--***8171	501C3	15,000				GENERAL SUPPORT
(4)	MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE RI 02906	**--***3999	501C3	26,000				GENERAL SUPPORT
(5)	MY BROTHER'S TABLE 98 WILLOW STREET LYNN MA 01901	**--***4047	501C3	56,500				GENERAL SUPPORT
(6)	NATIONAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK NY 10011	**--***4926	501C3	10,000				GENERAL SUPPORT
(7)	NEIGHBORS IN NEED 276 ESSEX STREET LAWRENCE MA 01842	**--***1699	501C3	43,600				GENERAL SUPPORT
(8)	NEW AMERICAN ASSOCIATION OF MASSACH AKA: RCAM LYNN MA 01901	**--***2943	501C3	10,000				GENERAL SUPPORT
(9)	NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON DC 20036	**--***6345	501C3	25,000				GENERAL SUPPORT

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OMB No. 1545-0047

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(1)	NORTH SHORE COMMUNITY ACTION PROGRA 119 REAR FOSTER STREET, BLDG. 13 PEABODY MA 01960-5553	**-***5280	501C3	289,560				GENERAL SUPPORT
(2)	NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD DANVERS MA 01923-0840	**-***5476	501C3	456,750				GENERAL SUPPORT
(3)	NORTH SHORE COMMUNITY COLLEGE FOUND 1 FERNCROFT ROAD DANVERS MA 01923	**-***5476	501C3	31,000				GENERAL SUPPORT
(4)	NORTH SHORE COMMUNITY DEVELOPMENT C 96 LAFAYETTE STREET SALEM MA 01970	**-***6893	501C3	10,000				GENERAL SUPPORT
(5)	NORTH SHORE COMMUNITY HEALTH, INC. 47 CONGRESS STREET SALEM MA 01970	**-***0447	501C3	80,000				GENERAL SUPPORT
(6)	NORTH SHORE HEALTH PROJECT INC. 5 CENTER STREET GLOUCESTER MA 01930	**-***8638	501C3	10,000				GENERAL SUPPORT
(7)	NORTH SHORE WORKERS COMMUNITY FUND 112 EXCHANGE STREET LYNN MA 01901	**-***1441	501C3	92,000				GENERAL SUPPORT
(8)	NORTHEAST ARC 1 SOUTHSIDE ROAD DANVERS MA 01923-1973	**-***2416	501C3	60,250				GENERAL SUPPORT
(9)	NORTHEAST BEHAVIORAL HEALTH CORPORA AKA: BETH ISRAEL LAHEY HEALTH BEHAVI DANVERS MA 01923	**-***7145	501C3	35,000				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number
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OMB No. 1545-0047

2019**Open to Public
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(1)	NORTHEAST LEGAL AID INC. 50 ISLAND STREET, STE 203A LAWRENCE MA 01840	**-***1007	501C3	25,000				GENERAL SUPPORT
(2)	NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER VT 05602	**-***9039	501C3	7,000				GENERAL SUPPORT
(3)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON MA 02115	**-***9980	501C3	5,497				GENERAL SUPPORT
(4)	NORTHERN ESSEX COMMUNITY COLLEGE 45 FRANKLIN STREET LAWRENCE MA 01841			9,800				GENERAL SUPPORT
(5)	NORTHERN ESSEX COMMUNITY COLLEGE 100 ELLIOTT STREET HAVERHILL MA 01830	**-***9634	501C3	107,500				GENERAL SUPPORT
(6)	NOTRE DAME CRISTO REY HIGH SCHOOL 303 HAVERHILL STREET LAWRENCE MA 01840	**-***6284	501C3	10,500				GENERAL SUPPORT
(7)	OPEN DOOR CAPE ANN FOOD PANTRY, INC 28 EMERSON AVENUE GLOUCESTER MA 01930-2555	**-***3482	501C3	222,100				GENERAL SUPPORT
(8)	OPEN HEARTS MINISTRIES 217 MAIN STREET HAVERHILL MA 01830	**-***1163	501C3	7,500				GENERAL SUPPORT
(9)	OUR NEIGHBOR'S TABLE 145 MAIN ST AMESBURY MA 01913	**-***3941	501C3	26,000				GENERAL SUPPORT

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(Form 990)****Grants and Other Assistance to Organizations,
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(1)	PARENTS HELPING PARENTS - THE ROUND 108 WATER STREET WATERTOWN MA 02474	**-***7321	501C3	25,000				GENERAL SUPPORT
(2)	PARTNERS IN DEVELOPMENT, INC. 174 HIGH STREET, SUITE 106 IPSWICH MA 01938-0009	**-***6583	501C3	10,000				GENERAL SUPPORT
(3)	PATHWAYS FOR CHILDREN 29 EMERSON AVENUE GLOUCESTER MA 01930-2660	**-***4002	501C3	50,000				GENERAL SUPPORT
(4)	PEABODY ESSEX MUSEUM MR. BRIAN KENNEDY SALEM MA 01970	**-***7815	501C3	218,000				GENERAL SUPPORT
(5)	PETER & ELIZABETH C TOWER FOUNDATIO 2351 NORTH FOREST ROAD, SUITE 106 GETZVILLE NY 14068-1225	**-***0753	501C3	100,000				GENERAL SUPPORT
(6)	PETTENGILL HOUSE 13 LAFAYETTE RD. SALISBURY MA 01952-0551	**-***7827	501C3	15,000				GENERAL SUPPORT
(7)	PHILLIPS ACADEMY 180 MAIN STREET ANDOVER MA 01810	**-***3579	501C3	20,100				GENERAL SUPPORT
(8)	PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER NH 03833-2460	**-***3579	501C3	10,000				GENERAL SUPPORT
(9)	PINGREE SCHOOL INC 537 HIGHLAND STREET SOUTH HAMILTON MA 01982	**-***9977	501C3	41,500				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

OMB No. 1545-0047

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Department of the Treasury
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(1)	PLANNED PARENTHOOD OF NORTHERN NEW 784 HERCULES DR., SUITE 110 COLCHESTER VT 05446	**-***2941	501C3	7,500				GENERAL SUPPORT
(2)	PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM MA 01970	**-***4844	501C3	36,500				GENERAL SUPPORT
(3)	POLICE ASSISTED ADDICTION AND RECOV 186 MAIN STREET, STE 34 GLOUCESTER MA 01930	**-***5159	501C3	60,000				GENERAL SUPPORT
(4)	PRESIDENT & TRUSTEES OF COLBY COLLE 4120 MAYFLOWER HILL DRIVE WATERVILLE ME 04901-8841	**-***1497	501C3	20,750				GENERAL SUPPORT
(5)	PRESIDENT AND FELLOWS OF HARVARD CO 86 BRATTLE STREET CAMBRIDGE MA 02138	**-***3580	501C3	69,750				GENERAL SUPPORT
(6)	PROCTOR ACADEMY PO BOX 500 ANDOVER NH 03216	**-***2179	501C3	12,000				GENERAL SUPPORT
(7)	PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE RI 02918	**-***8932	501C3	7,750				GENERAL SUPPORT
(8)	PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE RI 02914-1724	**-***8934	501C3	35,000				GENERAL SUPPORT
(9)	PSYCHOLOGICAL CENTER, INC. 11 UNION STREET LAWRENCE MA 01840	**-***5825	501C3	18,000				GENERAL SUPPORT

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RANGRIG YESHE, INC. 8874 LOVERS LANE ROAD CORFU NY 14036	**-***4841	501C3	29,900				GENERAL SUPPORT
(2)	RAW ART WORKS 37 CENTRAL SQUARE, 2ND FLOOR LYNN MA 01901	**-***4850	501C3	32,000				GENERAL SUPPORT
(3)	ROBERT F KENNEDY CHILDRENS ACTION C 40 COURT STREET, SUITE 410 BOSTON MA 02108	**-***7298	501C3	30,000				GENERAL SUPPORT
(4)	ROCA, INC. 101 PARK ST. CHELSEA MA 02150	**-***3641	501C3	10,000				GENERAL SUPPORT
(5)	ROCKPORT MUSIC 16 MAIN STREET ROCKPORT MA 01966	**-***9696	501C3	21,500				GENERAL SUPPORT
(6)	ROCKY NECK ART COLONY INC 6 WONSON STREET GLOUCESTER MA 01930-4183	**-***5273	501C3	56,500				GENERAL SUPPORT
(7)	ROOT NS, INC. SHETLAND PARK SALEM MA 01970	**-***4938	501C3	146,250				GENERAL SUPPORT
(8)	ROZALIA PROJECT PO BOX 75 GRANVILLE VT 05747	**-***4099	501C3	6,000				GENERAL SUPPORT
(9)	SAIL NEWPORT INC. 72 FORT ADAMS DRIVE NEWPORT RI 02840	**-***0625	501C3	10,000				GENERAL SUPPORT

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

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

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

DAA

Schedule I (Form 990) (2019)

OMB No. 1545-0047

2019Open to Public
Inspection

Employer identification number

-*7816

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

Part I General Information on Grants and Assistance**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALEM MISSION INC. AKA LIFE BRIDGE SALEM MA 01970	**-***9306	501C3	68,000				GENERAL SUPPORT
(2)	SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM MA 01970	**-***0632	501C3	17,750				GENERAL SUPPORT
(3)	SALVATION ARMY 395 MAIN STREET HAVERHILL MA 01830	**-***3701	501C3	18,000				GENERAL SUPPORT
(4)	SENIORCARE, INC 49 BLACKBURN CENTER GLOUCESTER MA 01930	**-***2171	501C3	45,500				GENERAL SUPPORT
(5)	SHARE OUR STRENGTH INC 1030 15TH ST NW SUITE 1100 W WASHINGTON DC 20005	**-***7538	501C3	15,000				GENERAL SUPPORT
(6)	SHARING FOUNDATION PO BOX 600 CONCORD MA 01742	**-***8534	501C3	21,100				GENERAL SUPPORT
(7)	SI, SE PUEDE, INC. 131 MAIN STREET NORTH ANDOVER MA 01845	**-***2181	501C3	11,000				GENERAL SUPPORT
(8)	SIMMONS UNIVERSITY 300 THE FENWAY BOSTON MA 02115	**-***3629	501C3	7,100				GENERAL SUPPORT
(9)	SOMERVILLE COUNCIL PTA 37 WILLOW AVENUE SOMERVILLE MA 02144	**-***3746	501C3	6,750				GENERAL SUPPORT

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

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

DAA

Schedule I (Form 990) (2019)

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION
Part I General Information on Grants and AssistanceEmployer identification number
-*7816

OMB No. 1545-0047

2019**Open to Public
Inspection**

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. ☐ Yes ☐ No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SOUTH CHURCH IN ANDOVER 41 CENTRAL STREET ANDOVER MA 01810			14,500				GENERAL SUPPORT
(2)	SOUTH SHORE TRANSFORMATION BROOK RETREAT PLYMPTON MA 02367	**-***8681	501C3	7,500				GENERAL SUPPORT
(3)	SOUTHERN COALITION FOR SOCIAL JUSTICE 1415 WEST NC HIGHWAY 54 SUITE 101 DURHAM NC 27707	**-***8375	501C3	25,000				GENERAL SUPPORT
(4)	SPECTRUM HEALTH SYSTEMS INC. 10 MECHANIC ST STE 302 WORCESTER MA 01608	**-***8978	501C3	10,000				GENERAL SUPPORT
(5)	SPUR PO BOX 1274 MARBLEHEAD MA 01945	**-***4980	501C3	10,000				GENERAL SUPPORT
(6)	ST MARKS SCHOOL OF SOUTHBOROUGH INC ADVANCEMENT OFFICE SOUTHBOROH MA 01772	**-***3623	501C3	53,000				GENERAL SUPPORT
(7)	ST. CECILIA PAISH BOSTON 18 BELVIDERE STREET BOSTON MA 02115			10,000				GENERAL SUPPORT
(8)	ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS MA 01923			7,000				GENERAL SUPPORT
(9)	ST. PAUL'S CHURCH 166 HIGH STREET NEWBURYPORT MA 01950			14,000				GENERAL SUPPORT

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

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

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

DAA

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

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 noncash assistance	(h) Purpose of grant or assistance
(1)	ST. PETERS FIESTA INC. PO BOX 3105 GLOUCESTER MA 01931	**-***0630	501C3	15,000				GENERAL SUPPORT
(2)	STONEHILL COLLEGE 320 WASHINGTON ST EASTON MA 02357-5510	**-***4229	501C3	5,500				GENERAL SUPPORT
(3)	SUENOS BASKETBALL 2 LINDEN STREET ANDOVER MA 01841	**-***0840	501C3	6,000				GENERAL SUPPORT
(4)	SUSTAINABLE CAPE-CENTER FOR AGRICULTURE PO BOX 1004, 8 TRURO CENTER ROAD TRURO MA 02666	**-***9981	501C3	9,500				GENERAL SUPPORT
(5)	THE SALEM PANTRY PO BOX 295 SALEM MA 01970	**-***1756	501C3	22,000				GENERAL SUPPORT
(6)	THREE SISTERS GARDEN PROJECT INC 10 JEFFERY'S NECK ROAD IPSWICH MA 01938	**-***4854	501C3	13,600				GENERAL SUPPORT
(7)	TIMANOUS FOUNDATION 23 PAWSON ROAD BRANFORD CT 06405	**-***0434	501C3	6,500				GENERAL SUPPORT
(8)	TOWN OF GEORGETOWN COUNCIL ON AGING GEORGETOWN MA 01833			15,000				GENERAL SUPPORT
(9)	TOWN OF MIDDLETON MA ATTN: MIDDLETON FOOD PANTRY MIDDLETON MA 01949			6,000				GENERAL SUPPORT

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

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

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

DAA

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

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

☐ 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 noncash assistance	(h) Purpose of grant or assistance
(1)	TOXICS ACTION CENTER INC. 294 WASHINGTON STREET, SUITE 500 BOSTON MA 02108	**-***1693	501C3	15,000				GENERAL SUPPORT
(2)	TRIANGLE INC BOSTON OFFICE BOSTON MA 02111	**-***6905	501C3	13,500				GENERAL SUPPORT
(3)	TRINITY COLLEGE 300 SUMMIT STREET HARTFORD CT 06106-3100	**-***6927	501C3	8,000				GENERAL SUPPORT
(4)	TRUSTEES OF RESERVATIONS 200 HIGH STREET 4TH FLOOR BOSTON MA 02110	**-***5780	501C3	79,500				GENERAL SUPPORT
(5)	TUFTS MEDICAL CENTER / REID R SACCO 800 WASHINGTON STREET BOSTON MA 02111	**-***0022	501C3	131,000				GENERAL SUPPORT
(6)	TUFTS UNIVERSITY DOWLING HALL MEDFORD MA 02155	**-***3634	501C3	14,899				GENERAL SUPPORT
(7)	UNITARIAN UNIVERSALIST SOCIETY OF 4 CLEAVES STREET ROCKPORT MA 01966-1521	**-***8892	501C3	10,000				GENERAL SUPPORT
(8)	UNITED WAY OF MASSACHUSETTS BAY AND 51 SLEEPER STREET BOSTON MA 02210	**-***2233	501C3	11,000				GENERAL SUPPORT
(9)	UNIVERSITY OF MASSACHUSETTS AMHERST 243 WHITMORE BUILDING AMHERST MA 01003	**-***4125	501C3	58,041				GENERAL SUPPORT

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

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

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DAA

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

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 noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF MASSACHUSETTS LOWELL STUDENT FINANCIAL SERVICES LOWELL MA 01854-2874		501C3	22,600				GENERAL SUPPORT
(2)	UNIVERSITY OF NEW HAMPSHIRE STOKE HALL, 11 GARRISON AVENUE DURHAM NH 03824	**--***7506	501C3	9,500				GENERAL SUPPORT
(3)	UNIVERSITY OF NOTRE DAME DU LAC 115 MAIN BUILDING NOTRE DAME IN 46556	**--***8188	501C3	6,300				GENERAL SUPPORT
(4)	UTEC, INC 15 WARREN STREET, #3 LOWELL MA 01852	**--***9532	501C3	15,200				GENERAL SUPPORT
(5)	VERMONT NATURAL RESOURCES COUNCIL 9 BAILEY AVENUE MONTPELIER VT 05602	**--***3731	501C3	6,000				GENERAL SUPPORT
(6)	VNA CARE NETWORK INC. 199 ROSEWOOD DRIVE, SUITE 180 DANVERS MA 01923	**--***3825	501C3	20,253				GENERAL SUPPORT
(7)	VOTER CHOICE EDUCATION FUND INC 44 TEMPLE PLACE FLOOR 5 BOSTON MA 02111	**--***3577	501C3	7,600				GENERAL SUPPORT
(8)	WALDORF SCHOOL AT MORaine FARM 701 CABOT STREET BEVERLY MA 01915	**--***1201	501C3	134,900				GENERAL SUPPORT
(9)	WALKER SCHOOL 1968 CENTRAL AVENUE NEEDHAM MA 02492	**--***1186	501C3	10,000				GENERAL SUPPORT

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

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

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

DAA

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

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 noncash assistance	(h) Purpose of grant or assistance
(1)	WELLCOME IMMIGRANT NETWORK 15 WARREN STREET PEABODY MA 01960	**-***0713	501C3	8,000				GENERAL SUPPORT
(2)	WELLSPRING HOUSE INC. 302 ESSEX AVENUE GLOUCESTER MA 01930	**-***5048	501C3	112,575				GENERAL SUPPORT
(3)	WOODS HOLE RESEARCH CENTER 149 WOODS HOLE ROAD FALMOUTH MA 02540-1644	**-***5094	501C3	22,500				GENERAL SUPPORT
(4)	YMCA OF METRO NORTH 2 CENTENNIAL DRIVE, SUITE 4A PEABODY MA 01960	**-***5883	501C3	47,000				GENERAL SUPPORT
(5)	YMCA OF THE NORTH SHORE INC. THE CUMMINGS CENTER BEVERLY MA 01915	**-***4913	501C3	298,310				GENERAL SUPPORT
(6)	YOUTH DEVELOPMENT ORGANIZATION, INC 15 UNION STREET #563 LAWRENCE MA 01840	**-***1721	501C3	16,500				GENERAL SUPPORT
(7)								
(8)								
(9)								

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

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

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

DAA

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

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

WE MONITOR GRANT USE PRIMARILY THROUGH A FINAL REPORT DUE USUALLY 13

MONTHS AFTER THE INITIAL AWARD. THE FINAL REPORT REQUIRES A LIST OF ALL

EXPENSES TO THE GRANT. IN THE CASE OF MULTIPLE YEAR GRANTS, WE REQUIRE

INTERIM REPORTS EACH YEAR PRIOR TO RELEASING THE NEXT GRANT. WE GENERALLY

CONDUCT SITE VISITS TO THE PROGRAM PRIOR TO MAKING A GRANT. SITE VISITS

SCHEDULE J
(Form 990)**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No. 1545-0047

2019Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

****-***7816****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☐ Compensation committee☐ Independent compensation consultant☐ Form 990 of other organizations☒ Written employment contract☒ Compensation survey or study☒ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

DAA

Schedule J (Form 990) 2019

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STRATTON LLOYD COO	(i) 133,587 (ii) 0	0	0	4,342 0	23,300 0	161,229 0	0 0
2 BETH FRANCIS PRESIDENT AND CEO	(i) 177,308 (ii) 0	0	0	4,927 0	0 0	182,235 0	0 0
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

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 - RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION
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 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION
THE PRESIDENT RECEIVES A BONUS BASED ON MEETING CERTAIN ORGANIZATIONAL
GOALS.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2019**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

- ▶ **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

Employer identification number

ESSEX COUNTY COMMUNITY FOUNDATION****-***7816****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	3,909,307	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 ▶ ()				
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

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

Schedule M (Form 990) 2019

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

Supplemental information area with horizontal lines for text entry.

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

2019Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S COMPENSATION USING EXTERNAL STUDIES FOR GUIDANCE. NO OTHER OFFICERS RECEIVED COMPENSATION FOR FY20.

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

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

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

NET DISTRIBUTIONS TO AGENCY ENDOWMENT FUNDS \$ 1,079,628

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION

Employer identification number

-*7816

OMB No. 1545-0047
2019

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

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

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

Part VII

Supplemental Information.

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

Area with horizontal dotted lines for supplemental information.

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

▶ Attach to your tax return.

2019Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment
Sequence No. **179**

Name(s) shown on return

ESSEX COUNTY COMMUNITY FOUNDATIONIdentifying number
-*7816

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
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 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,044

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 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2019 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 2019 Tax Year Using the Alternative 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
20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,044
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2019)

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE

BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200, ext. 2101

www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/2019 to 06/30/2020

Attorney General's Account #: 037581

Federal ID #: ** - ***7816

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 RQ
- ☐ Schedule VCO
- ☐ Probate Account

Organization Data

Name: ESSEX COUNTY COMMUNITY FOUNDATION

Mailing Address: 175 ANDOVER STREET, SUITE 101

City: DANVERS

State: MA

Zip: 01923

Phone Number: 978-777-8876

Fax Number: _____

Email: B.FRANCIS@ECCF.COM

Website: WWW.ECCF.ORG

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

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

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

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

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

2. Where was the organization created? MASSACHUSETTS

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

Corporation <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 "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☒ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	23,816,873
B.	Gross support and revenue	25,809,766
C.	Program services and similar amounts paid out	19,852,659
D.	Fundraising expenses	440,993
E.	Management and general expenses	1,010,213
F.	Payments to affiliates	
G.	Total expenses	21,303,865
H.	Net assets or fund balances at the end of the year	81,163,302

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.	BETH FRANCIS PRESIDENT AND CEO	40.00	177,308	4,927	
2.	STRATTON LLYOD VICE PRESIDENT	40.00	133,587	4,342	22,722
3.	CRYSTAL BATES DIR OF DEV & COMMUN	40.00	80,279	2,788	22,722
4.	CAROL LAVOIE SCHUSTER ASST VP PHILANTHROPY	40.00	98,742	3,200	
5.	MICHELLE PELLETIER FINANCE MANAGER	40.00	75,371	2,261	

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

1022

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	KAREN RISTUBEN	71,100	PROGRAM COORDIN
2.	SARAH JACKSON	48,000	FUNDRAISING CON
3.	BERNADETTE ORR	47,437	DIRECTOR, NSCHN
4.	REBECCA TURNER	47,012	IFT MANAGER
5.	J. RICHARD CROWLEY	37,740	OUTSOURCED CFO

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 ST

City: DANVERS State: MA Zip Code: 01923

Phone Number: _____

1022

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

a religious organization ☐

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

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

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

18. Attach a list of name, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. SEE STATEMENT 2

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

☐ Yes ☒ No

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

1022

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.*

1022

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

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction. **SEE STATEMENT 3**

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

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 AND CEO

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

Address 1115 WESTFORD STREET, 3RD FLOOR
LOWELL, MA 01851-2701

City _____ State _____ Zip Code _____

Phone Number 978-452-2500

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

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

ECCF

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

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

☐ Other (*specify*): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

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

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

Name and Title: BETH FRANCIS PRESIDENT AND CEO

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: _____

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: ENTIRE BOARD OF TRUSTEES

Address 175 ADNOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

ECCF

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

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

☐ Other (specify): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

Name and Title: BETH FRANCIS PRESIDENT AND CEO

Address 175 ANDOVER ST

City DANVERS State MA Zip Code 01923

Name and Title: _____

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: ENTIRE BOARD OF TRUSTEES

Address 175 ADNOVER. ST

City DANVERS State MA Zip Code 01923

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Certification by Organization

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

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

Signature: _____ Date: _____

Printed Name: BETH FRANCIS

Title: PRESIDENT AND CEO

Signature: _____ Date: _____

Printed Name: ROBERT R. FANNING, JR.

Title: TREASURER

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 06/30/2020	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)

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

Schedule RO ctd.

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

Name: BETH FRANCIS		Title: PRESIDENT & CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	177,308	4,927	

Name: STRATTON LLOYD		Title: COO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	133,587	4,342	22,722

Name: CRYSTAL BATES		Title: DIRECTOR OF DEVELOPM	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	80,279	2,788	22,722

Name: CAROL LAVOIE SCHUSTER		Title: ASST. VP OF PHILANTH	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	98,742	3,200	

Name: MICHELLE PELLETIER		Title: FINANCE MANAGER	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	75,371	2,261	

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

☒ Yes ☐ No

Massachusetts Statements

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FYE: 6/30/2020

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

Name		Title	Address	City	State	Zip Code
JOHN COLUCCI		VICE-CHAIR	175 ANDOVER ST	DANVERS	MA	01923
MATTHEW P. DORING		CLERK	175 ANDOVER ST	DANVERS	MA	01923
JONATHAN PAYSON		CHAIR	175 ANDOVER ST	DANVERS	MA	01923
STEVEN P. COHEN		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ROBERT R. FANNING, JR.		TREASURER	175 ANDOVER ST	DANVERS	MA	01923
ROBERT GOLDMAN		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
RICHARD YAGJIAN		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
JAMES A. RULLO		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
MOIRA MCNAMARA JAMES		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
BEN LANGILLE		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ELIZABETH MOULTON		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
RICHARD SUMBERG		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ROBERT GORE		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
CHRISTINE ORTIZ		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
DEREK REED		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ALLAN HUNTLEY		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
PAMELA SCOTT		TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923

Massachusetts Statements

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

Name	Title	Address	City	State	Zip Code
JEAN VERBRIDGE	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ANITA WORDEN	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
STRATTON LLOYD	COO	175 ANDOVER STREET	DANVERS	MA	01923
BETH FRANCIS	PRESIDENT AN	175 ANDOVER ST	DANVERS	MA	01923

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

Name	Title	Address	City	State	Zip
BETH FRANCIS	PRESIDENT AND CEO	175 ANDOVER ST	DANVERS	MA	01923
STRATTON LLOYD	VICE PRESIDENT	175 ANDOVER ST	DANVERS	MA	01923
CRYSTAL BATES	DIR OF DEV & COMM	175 ANDOVER ST	DANVERS	MA	01923
RICK CROWLEY	CFO	175 ANDOVER ST	DANVERS	MA	01923
MICHELLE PELLETTIER	FINANCE MANAGER	175 ANDOVER ST	DANVERS	MA	01923
THE BOARD OF TRUSTEES		175 ADNOVER ST	DANVERS	MA	01923

Massachusetts Statements

FYE: 6/30/2020

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

BETH FRANCIS 175 ANDOVER STREET DANVERS, MA 01923 WAGES AND BENEFITS PAID TO THE PRESIDENT AND CEO APPROVED BY THE BOARD OF DIRECTORS	\$182,235
GRANTS TO ORGANIZATIONS WHO HAVE A RELATIONSHIP WITH ONE OR MORE OF ECCF'S BOARD MEMBERS - RELATED PARTIES RECUSED FROM VOTING:	
LAWRENCE PARTNERSHIP C/O NECC 420 COMMON STREET LAWRENCE, MA 01840	\$411,000
CABOT PERFORMING ARTS CENTER, INC. 286 CABOT STREET BEVERLY, MA 01915	\$279,700
EVELYN LILLY LUTZ FOUNDATION 500 CUMMINGS CENTER NO. 6500 BEVERLY, MA 01915	\$273,000
YMCA OF THE NORTH SHORE THE CUMMINGS CENTER BUILDING 200, SUTIE 173D BEVERLY, MA 01915	\$255,810
PEABODY ESSEX MUSEUM 161 ESSEX STREET SALEM, MA 01970	\$157,500
ROOTS NS, INC. SHETLAND PART 35 CONGRESS STREET, SUITE 2350 SALEM, MA 01970	\$146,250
WELLSPRING HOUSE, INC. 302 ESSEX AVENUE GLOUCESTER, MA 01930	\$112,575
BEVERLY BOOTSTRAPS COMMUNITY SERVICES, INC. 35 PARK STREET BEVERLY, MA 01915	\$86,800
MONTSERRAT COLLEGE OF ART 23 ESSEX STREET BEVERLY, MA 01915	\$68,000
MAINE COMMUNITY FOUNDATION ELLSWORTH, ME 04605-1613	\$65,366
LAZARUS HOUSE, INC. 412 HAMPSHIRE STREET LAWRENCE, MA 01840	\$56,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

1 AMHERST STREET, E40-160 CAMBRIDGE, MA 02138	\$50,000
FAMILY SERVICES OF THE MERRIMACK ALLEY 430 N CANAL STREET LAWRENCE, MA 01840	\$46,000
ADDISON GILBERT HOSPITAL 298 WASHINGTON STREET GLOUCESTER, MA 01930	\$38,665
FUNDACJA SENDZIMIRA WIARUSA 11/3 ZIELONKI, 32-087, POLAND	\$35,000
GROUNDWORK LAWRENCE 50 ISLAND STREET, SUITE 101 LAWRENCE, MA 01840	\$30,000
HARBORLIGHT COMMUNITY PARTNERS 283 ELLIOT STREET BEVERLY, MA 01915	\$30,000
OPEN DOOR CAPE ANN FOOD PANTRY, INC. 28 EMERSON AVENUE GLOUCESTER, MA 01930	\$23,250
PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM, MA 01970	\$23,000
YMCA OF METRO NORTH 2 CENTENNIAL DRIVE, SUITE 4A PEABODY, MA 01960	\$22,860
SHARING FOUNDATION P.O. BOX 600 CONCORD, MA 01742	\$21,100
LAWRENCE COMMUNITY WORKS, INC. 168 NEWBURY STREET LAWRENCE, MA 01841	\$17,500
MILLION DOLLAR ROUND TABLE FOUNDATION 325 W TOUHY AVENUE MILTON, MA 02186	\$15,660
GREATER LAWRENCE COMMUNITY ACTION COUNCIL, INC. 305 ESEX STREET LAWRENCE, MA 01840	\$15,164
BLESSED STEPHEN BELLESINI O S A ACADEMY, INC. 94 BRADFORD STREET LAWRENCE, MA 01840	\$15,000

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

COMMUNITY DAY CARE CENTER OF LAWRENCE 190 HAMPSHIRE STREET LAWRENCE, MA 01840	\$15,000
FAMILY PROMISE NORTH SHORE BOSTON 330 RANTOUL STREET BEVERLY, MA 01915	\$14,750
SOUTH CURCH IN ANDOVER 41 CENTRAL STREET ANDOVER, MA 01810	\$14,500
NEIGHBORS IN NEED 276 ESSEX STREET LAWRENCE, MA 01842	\$13,600
GLOUCESTER EDUCATION FOUNDATION P.O. BOX 1104 GLOUCESTER, MA 01930	\$12,000
NORTHEAST HOSPITAL CORPORATION 133 BRIMBAL AVENUE BEVERLY, MA 01915	\$12,000
PATHWAYS FOR CHILDREN 29 EMERSON AVENUE GLOUCESTER, MA 01930	\$11,750
BATES COLLEGE 2 ANDREWS ROAD LEWISTON, ME 04240	\$10,000
HARVEY GIRLS INC. 184 PLEASANT VALLEY STREET METHUEN, MA 01844	\$10,000
SALI NEWPORT 72 FORT ADAMS DRIVE NEWPORT, RI 02840	\$10,000
NORTHERN ESSEX COMMUNITY COLLEGE 45 FRANKLIN STREET LAWRENCE, MA 01841	\$9,800
MERRIMACK VALLEY HABITAT FOR HUMANITY 60 ISLAND STREET, 2ND FL. EAST LAWRENCE, MA 01840	\$9,500
MERRIMACK VALLEY YMCA 360 MERRIMACK STREET, STE 270 LAWRENCE, MA 01843	\$8,000
UTEC, INC. 15 WARREN STREET, #3	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

LOWELL, MA 01852	\$7,700
ENDICOTT COLLEGE 376 HALE STREET BEVERLY, MA 01915	\$6,750
YOUTH DEVELOPMENT ORGANIZATION, INC. 15 UNION STREET #563 LAWRENCE, MA 01840	\$6,500
BEVERLY HOSPITAL/LAHEY HEALTH SYSTEM 85 HERRICK STREET BEVERLY, MA 01915	\$5,500
ANDOVER COALITION FOR EDUCATION FUND P.O. BOX 1521 ANDOVER, MA 01810	\$5,250
ACT LAWRENCE 15 UNION STREET C, 4TH FLOOR, SUITE 509 LAWRENCE, MA 01840	\$5,000
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457-0310	\$5,000
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	\$5,000
CENTER FOR WOMEN & ENTERPRISES, INC. 30 TEMPLE STREET #610 NASHUA, NH 03060	\$5,000
CF FROM PALM BEACH & MARTIN COUNTIES, INC. 700 DIXIE HWY #200 WEST PALM BEACH, FL 33401	\$5,000
FRIENDS INTERNATIONAL 1920 GLENHAVEN AVENUE WALNUT CREEK, CA	\$5,000
GEORGE WASHINGTON UNIVERSITY 2121 1ST STREET, NW WASHINGTON, DC 20052	\$5,000
GIRLS WHO CODE, INC. 28 W 23RD STREET 4TH FLOOR NEW YORK, NY 10010	\$5,000
LANDMARK SCHOL 429 HALE STREET PRIDES CROSSING, MA 01965	\$5,000

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

LOWELL COMMUNITY LOAN FUND, INC. 50 ISLAND STREET, SUITE 103 LAWRENCE, MA 01840	\$5,000
NECC FOUNDATION, INC. 100 ELLIOTT STREET HAVERHILL, MA 01830	\$9,500
SIMMONS UNIVERSITY 300 THE FENWAY BOSTON, MA 02115	\$5,000
THE 5 GYRES INSTITUTE 5792 W JEFFERSON BLVD LOS ANGELES, CA 90016	\$5,000
UNIVERSITY OF MASSACHUSETTS AMHERST 243 WHITMORE BUILDING 181 PRESIDENT DRIVE AMHERST, MA 01003	\$5,000
UNIVERSITY OF MASSACHUSETTS LOWELL 220 PAWTUCKET STREET, M30 LOWELL, MA 01854	\$5,000
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	\$4,000
ANDOVER COMMITTEE FOR A BETTER CHANCE, INC. 134 MAIN STREET ANDOVER, MA 01810	\$3,550
SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA 01970	\$3,250
BACKYARD GROWERS 3 DUNCAN STREET GLOUCESTER, MA 01930	\$2,750
ACTION, INC. 180 E. MAIN STREET GLOUCESTER, MA 01930	\$2,500
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, AM 02215	\$2,500
HOLY FAMILY PARISH 60 PROSPECT STREET GLOUCESTER, MA 01930	\$2,500
PINGREE SCHOOL, INC. 537 HIGHLAND STREET	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

SOUTH HAMILTON, MA 01982	\$2,500
SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE 100 CAMBRIDGE STREET #2100 BOSTON, MA 02114	\$2,500
ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	\$2,500
WOODS HOLE RESEARCH CENTER 149 WOODS HOLE ROAD FALMOUTH, MA 01810	\$2,350
ANDOVER COMMUNITY TRUST 2 DUNDEE PARK DRIVE, SUITE B02A ANDOVER, MA 01810	\$2,198
21ST CENTURY JOBSKILLS PROJECT 125 N LEE STREET APT 503 ALEXANDRIA, VA 22314	\$2,000
ABC OF MASSACHUSETTS 186 GOLDSMITH STREET LITTLETON, MA 01460	\$2,000
ANDOVER HISTORICAL SOCIETY 97 MAIN STREET ANDOVER, MA 01810	\$2,000
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	\$2,000
BEVERLY SCHOOL FOR THE DEAF SEE ID 5036 6 ECHO AVENUE BEVERLY, MA 01915	\$2,000
CAPE ANN MUSEUM, INC 27 PLEASANT STREET GLOUCESTER, MA 01930	\$2,000
CITIZENS INN, INC. 81 MAIN STREET PEABODY, MA 01960	\$2,000
COMMUNITY GIVING TREE 572B MAIN STREET BOXFORD, MA 01921	\$2,000
COR UNUM MEAL CENTER 191 SALEM STREET LAWRENCE, MA 01843	\$2,000

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Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

FAMILY COOPERATIVE PRESCHOOL 48 CAROLINE WAY NORTH ANDOVER, MA 01845	\$2,000
GREATER LAWRENCE FAMILY HEALTH CENTER, INC. ONE GRIFFIN BROOKS DRIVE, SUITE 101 METHUEN, MA 01844	\$2,000
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	\$2,000
MSPCA 350 S. HUNTINGTON AVENUE JAMAICA PLAIN, MA 02130	\$2,000
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1563 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	\$2,000
REFUGEE PROTECTION INTERNATIONAL INC. 385 CONCORD AVENUE, SUITE 103 BELMONT, MA 02478	\$2,000
ROCKY NECK ARTIST COLONY 6 WONSON STREET GLOUCESTER, MA 01930	\$2,000
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	\$2,000
YEAR UP, INC. 1234 COLUMBUS AVENUE BUILDING 3 #104 BOSTON, MA 02120	\$2,000
HOLY GHOST PARISH 518 WASHINGTON STREET WHITMAN, MA 02382	\$1,850
UNIVERSITY OF NOTRE DAME DU LAC NOTRE DAME, IN 46556	\$1,800
ROTARY CLUB OF ANDOVER CHARITABLE TRUST P.O. BOX 1152 ANDOVER, MA 01810	\$1,750
ANDOVER CENTER FOR HISTORY & CULTURE 97 MAIN STREET ANDOVER, MA 01810	\$1,600
NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD DANVERS, MA 01923	\$1,500

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

350 ORG P.O. BOX 843004 BOSTON, MA 02284-3004	\$1,000
AMERICAN ENDOWMENT FOUNDATION 4700 DARROW ROAD #118 HUDSON, OH 44236	\$1,000
AMIRAH, INC. 10 TOWER OFFICE PARK, SUITE 413 WOBURN, MA 01801	\$1,000
ANDOVER VILLAGE IMPROVEMENT ASSOCIATION P.O. BOX 5097 ANDOVER, MA 01810	\$1,000
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	\$1,000
BOSTON YOUTH SYMPHONY ORCHESTRAS 855 COMMONWEALTH AVENUE BOSTON, MA 02215	\$1,000
BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE, MA 01841	\$1,000
BROOKWOOD SHCOOL, INC. 1 BROOKWOOD ROAD MANCHESTER BY THE SEA, MA 01944	\$1,000
BROWN UNIVERSITY 75 WATERMAN STREET PROVIDENCE, RI 02912	\$1,000
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF LOWELL 465 SCHOOL STREET LOWELL, MA 01851	\$1,000
CAPE ANN ART HAVEN 180 MAIN STREET #B GLOUCESTER, MA 01930	\$1,000
CREUTZFELDT-JAKOB DISEASE FOUNDATION, INC. 3634 W. MARKET STREET, SUITE 110 AKRON, OH 44333	\$1,000
FOUNDATION FOR SARCOIDOSIS RESEARCH 1820 W. WEBSTER, SUITE 304 CHICAGO, IL 60614	\$1,000
FRANCIS OUIMET SCHOLARSHIP FUND, INC. 300 ARNOLD PALMER BLVD	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

NORTON, MA 02766	\$1,000
FRIENDS OF FOSTER CARE, INC.	\$1,000
FRIENDS OF THE GLOUCESTER COUNCIL ON AGING 6 MANUEL F. LEWIS STREET GLOUCESTER, MA 01930	\$1,000
GENERATION CITIZEN, INC. 745 ATLANTIC AVENUE BOSTON, MA 02111	\$1,000
HAVEN PROJECT 57 MUNROE STREET LYNN, MA 01901	\$1,000
MASSACHUSETTS WONDERFUND, INC. 600 WASHINGTON STREET, 6TH FLOOR BOSTON, MA 02111	\$1,000
NORTH SHORE ALLIANCE OF GAY & LESBIAN YOUTH 2 EAST INDIA SQUARE MUSEUM #121 SALEM, MA 01970	\$1,000
NORTH SHORE UNITED WAY, INC. 248 CABOT ST. #2 BEVERLY, MA 01915	\$1,000
ROCKPORT MUSIC 37 MAIN STREET ROCKPORT, MA 01966	\$1,000
SAINT PHILIP PRESBYTERIAN CHURCH 4807 SAN FELIPE STREET HOUSTON, TX 77056	\$1,000
ST. JOHN'S ABBEY 290 ABBEY PLAZA COLLEGEVILLE, MN 56321	\$1,000
SUPPORTIVE LIVING, INC. 500 WEST CUMMING PARK, SUITE 6100 WOBBURN, MA 01801	\$1,000
THE PIKE SCHOOL 34 SUNSET ROCK ROAD ANDOVER, MA 01810	\$1,300
TO SHOW WE CARE 15 DALE AVENUE #836 GLOUCESTER, MA 01930	\$1,000
TRUSTEES OF RESERVATIONS 200 HIGH STREET	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

BOSTON, MA 02110	\$1,000
UNITED WAY OF GREATER PLYMOUTH COUNTY, INC. 934 W. CHESTNUT STREET BROCKTON, MA 02301	\$1,000
UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER STREET BOSTON, MA 02210	\$1,000
UNITED WAY OF METRO CHICAGO COMMUNITY COVID-19 333 S. WABASH AVENUE 30TH FL CHICAGO, IL 60604	\$1,000
WELLINGTON MANAGEMENT FOUNDATION 280 CONGRESS STREET BOSTON, MA 02210	\$1,000
YMCA DANVERS 34 PICKERING STREET DANVERS, MA 01923	\$1,000
CAROLL COUNTY HUMANE SOCIETY 102 TUGGLE STREET CARROLLTON, GA 30117	\$960
YMCA NORTH SHORE-CAPE ANN 71 MIDDLE STREET GLOUCESTER, MA 01930	\$878
ACORD FOOD PANTRY 69 WILLOW STREET SOUTH HAMILTON, MA 01982	\$750
ANDOVER SENIOR COMMUNITY FRIENDS 30 WHITTIER COURT ANDOVER, MA 01810	\$750
MARK TWAIN PARENT TEACHER ASSOCIATION 3728 W 154TH ST LAWNDALE, CA 90260	\$750
PLANNED PARENTHOOD LEAGUE OF MA, INC 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	\$750
ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY 157 CHURCH STREET NEW HAVEN, CT 06510-2100	\$500
BEYOND WALLS, INC. 18 MT. VERNON STREET LYNN, MA 01901	\$500

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

BREAD AND ROSES, INC. 56 NEWBURY STREET LAWRENCE, MA 01840	\$500
COMMUNITY HOUSE 284 BAY ROAD SOUTH HAMILTON, MA 01982	\$500
FRIENDS OF ANDOVER MEMORIAL HALL LIBRARY 2 N. MAIN STREET ANDOVER, MA 01810	\$500
GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	\$500
LAWRENCE GENERAL HOSPITAL 1 GENERAL STREET LAWRENCE, MA 01841	\$500
MASSACHUSETTS COLLEGE OF ART AND DESIGN FOUNDATION 621 HUNTINGTON AVENUE BOSTON, MA 02115	\$500
MIDDLEBURY COLLEGE 14 OLD CHAPEL ROAD MIDDLEBURY, VT 05753	\$500
NATIONAL HOCKEY LEAGUE FOUNDATION 1185 AVENUE OF AMERICAS 15TH FL NEW YORK, NY 10036-2601	\$500
NATIVE PLANT TRUST 180 HEMENWAY ROAD FRAMINGHAM, MA 01701	\$500
PREISIDENT AND TRUSTEES OF COLBY COLLEGE 4000 MAYFLOWER HILL WATERVILLE, ME 04901	\$500
RAW ART WORKS 37 CENTRAL SQUARE LYNN, MA 01901	\$500
SERVICE DOG PROJECT, INC. 37 BOXFORD ROAD IPSWICH, MA 01938	\$500
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 02138	\$500
WENHAM MUSEUM 132 MAIN STREET	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

WENHAM, MA 01984	\$500
WGBH-TV 1 GUEST STREET BOSTON, MA 02135	\$500
YMCA OF ATTLEBORO 63 N. MAIN STREET ATTLEBORO, MA 02703	\$500
PAN MASS CHALLENGE TRUST 77 4TH AVENUE NEEDHAM, MA 02494	\$350
WBUR 890 COMMONWEALTH AVENUE 3RD FL BOSTON, MA 02215	\$350
MICHIGAN STATE UNIVERSITY 550 S. HARRISON ROAD EAST LANSING, MI 49923	\$300
ARCHDIOCESE OF BOSTON 66 BROOKS DRIVE BRAINTREE, MA 02185	\$250
BAGLY, INC. 28 COURT SQUARE BOSTON, MA 02108	\$250
CHALLENGE UNLIMITED 450 LOWELL STREET ANDOVER, MA 01810	\$250
COLLEGIATE SCHOOLS 1857 MIDDLESEX STREET LOWELL, MA 01851	\$250
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	\$250
ENVIRONMENTAL LEAGUE OF MASSACHUSETTS 15 COURT SQUARE #1000 BOSTON, MA 02108	\$250
ESSEX ART CENTER 56 ISLAND STREET #1 LAWRENCE, MA 01840	\$250
GREATER BOSTON PFLAG 85 RIVER STREET WALTHAM, MA 02453	\$250

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)**Description**

HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	\$250
MAINE ISLAND TRAIL ASSOCIATION 100 KENSINGTON STREET PORTLAND, ME 04103	\$250
MANCHESTER ESSEX CONSERVATION TRUST P.O. BOX 1486 MANCHESTER, MA 01944	\$250
MERRIMACK RIVER WATERSHED COUNCIL 60 ISLAND STREET #211-E LAWRENCE, MA 01840	\$250
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH STREET #11 NEW YORK, NY 10011	\$250
NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD DANVERS, MA 01923	\$250
PROJECT BREAD 145 BORDER STREET BOSTON, MA 02128	\$250
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	\$250
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	\$250
TRUST FOR PUBLIC LAND 6 BEACON STREET #615 BOSTON, MA 02108	\$250
TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	\$250
JESUIT VOLUNTEERS 801 SAINT PAUL STREET BALTIMORE, MD 21202	\$125
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	\$125
PHILLIPS ACADEMY 180 MAIN STREET	

Massachusetts Statements

FYE: 6/30/2020

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions (continued)

Description

ANDOVER, MA 01810	\$100
ST PIUS X CATHOLIC HIGH SCHOOL 2674 JOHNSTON ROAD NE ATLANTA, GA 30345	\$100



BY-LAWS

OF ESSEX COUNTY COMMUNITY FOUNDATION, INC.

1. THE CORPORATION

A. Name. The name by which the Corporation shall be known is Essex County Community Foundation Incorporated (the "Corporation"). These By-Laws, the powers of the Corporation and of its Trustees, Trustees and officers, and all matters concerning the conduct and regulation of the affairs of the Corporation, shall be subject to such provisions in regard thereto, if any, as are set forth in the Articles of Organization as from time to time in effect.

B. Purpose. The Corporation is a corporation organized under Chapter 180 of the Massachusetts General Laws for the purposes enumerated in its Articles of Organization, as they may be amended from time to time. The Corporation is a public charity under Section 501(c)(3) of the Internal Revenue Code of 1986 as it may be amended from time to time. All provisions of these By-Laws, and all of the Corporation's activities, shall be construed, applied and carried out in compliance with such Laws and Code. The principal office of the Corporation in The Commonwealth of Massachusetts shall initially be located at the place set forth in the Articles of Organization of the Corporation. The Trustees of the Corporation may change the location of the principal office in The Commonwealth of Massachusetts effective upon the filing of a certificate with the Secretary of State of the Commonwealth.

2. MEMBERS

A. Members. The Corporation shall have no members. Any action or vote required or permitted by law to be taken by members shall be taken by action or vote of the same percentage of the Trustees of the Corporation.

B. Participation by Others. The Board of Trustees may, from time to time, designate certain persons or groups of persons as advisors, friends, sponsors, or

contributors of the Corporation or may designate such persons by such other title as the Board deems appropriate. Notwithstanding any such designation, however, such persons shall not be members of the Corporation, and shall have no right to notice of meetings and no right to vote at or to participate in any meeting of the Corporation, and shall have no other rights with respect to the Corporation.

3. BOARD OF TRUSTEES

A. Variance Powers. The Board of Trustees shall have general management and control over all of the property, affairs and funds of the Corporation and shall exercise all of the powers of the Corporation, except as otherwise provided by law, the Articles of Organization or these By-laws. Such powers shall include, without limitation, the power to modify any restriction or condition on the distribution of funds for any specified charitable purpose or to any specified charitable organization if in the sole judgment of the Board of Trustees such restriction or condition becomes unnecessary, incapable of fulfillment or inconsistent with the charitable needs of the community served by the Corporation.

B. Compensation. The Trustees shall draw no compensation.

C. Composition. The Board of Trustees shall consist of no less than six (6) Trustees, such number of Trustees to be fixed by the incorporators at their first annual meeting. The Trustees shall be divided into three classes of approximately equal size, the term of one class expiring each year. From time to time the Trustees, the Trustees shall fix the number of Trustees and shall elect for a term of three years the appropriate number of successors to the class whose term is then expiring, and they may also elect additional Trustees to other classes to the extent necessary to maintain approximate equality in size among the classes.

D. Tenure. Each Trustee shall hold office for the term of the class to which such Trustee is elected and until one's successor is elected and qualified, or until one sooner dies, resigns, is removed or becomes disqualified. Ordinarily, a trustee may serve three full three year terms.

E. Resignation and Removal. A Trustee may resign by delivering notice of resignation in writing to the Corporation at its principal office or to the Chair or the Clerk of the Corporation. Such resignation shall be effective upon its receipt or upon such date (if any) as is stated in such resignation, unless otherwise determined by the Board. A Trustee may be removed from office at any time with or without cause, by vote of a majority of the Board of Trustees at a special meeting called for that purpose. A Trustee may be removed for cause only if notice of such action shall have been given to all of the Trustees prior to the meeting at which such action is to be taken and if the Trustee so to be removed shall have been given reasonable notice and opportunity to be heard before the body proposing such removal.

F. Vacancies. Any vacancy in the Board of Trustees, including a vacancy resulting from the enlargement of Board, may be filled by the Trustees by vote of a majority of the remaining Trustees present at a meeting of Trustees at which a quorum is present or by appointment of all of the Trustees if less than a quorum shall remain in office. Each such Trustee elected to fill a vacancy for an unexpired term is subject to the same tenure as all other Trustees.. The Trustees shall have and may exercise all of their powers notwithstanding the existence of one or more vacancies in their number.

G. Regular Meetings. The Board of Trustees shall hold a regular annual meeting for the election of officers and the conduct of other business. Other regular meetings of the Trustees may be held at such places and at such times as the Trustees may determine.

H. Special Meetings. Special meetings of the Board of Trustees may be held at any time and at any place when called by the President, the Clerk, or by two or more Trustees.

I. Notice of Meetings. Notice of the time and place of each meeting of the Board of Trustees shall be given to each Trustee by such means as appropriate, sent at least forty-eight hours before the meeting, or by delivery in person or by telephone at least twenty-four hours before the meeting. Notice shall be deemed properly given when addressed and sent to the Trustee at the Trustee's address as it appears in the records of the Corporation. Whenever notice of a meeting is required, such notice need not be given to any Trustee whose written waiver of notice, executed personally or by an attorney duly authorized, before or after the meeting, is filed with the records of the meeting, or to any Trustee who attends the meeting without protesting the lack of notice before the meeting or before action is taken at the meeting. Neither such notice nor waiver of notice need specify the purposes of the meeting, unless otherwise required by law, the Articles of Organization or these By-Laws.

J. Actions of Board of Trustees With and Without a Meeting. When a quorum is present at any meeting of the Trustees, a majority of the Trustees present and voting (excluding abstentions) shall decide any question, including the election of officers, unless otherwise provided by law, the Articles of Organization, or these By-Laws. Any action required or permitted to be taken at any meeting of the Board of Trustees may be taken without a meeting, if a majority of the Trustees consent to the action and their written consents sent by appropriate means are filed with the records of the meetings of the Board of Trustees. Such consents shall be treated for all purposes as a vote at a meeting. Trustees or members of any committee designated by the Trustees may participate in a meeting of the Trustees or such committee by means of a conference telephone or similar communications equipment, provided that all persons participating in the meeting can hear each other at the same time; in such event, participation by such means shall constitute presence in person at a meeting

K. Quorum. At any meeting of the Board of Trustees, a majority of the Trustees then in office shall constitute a quorum. Each Trustee shall have one vote. Any meeting may be adjourned by a majority of the votes cast upon the question, whether or not a quorum is present, and the meeting may be held as adjourned without further notice.

L. Board Committees. The Trustees may elect or appoint one or more committees (including but not limited to an Executive Committee) and may delegate to any such committee or committees any or all of their powers, provided that any committee to which the powers of the Trustees are delegated shall consist solely of Trustees. Should any such committee include non-Trustees its actions are subject to review and approval by the Board of Trustees. Unless the Trustees otherwise determine, an Executive Committee elected by the Trustees shall have the power to act for the full Board of Trustees on all matters between meetings of the Trustees, except for such matters as are specified in Section 55 of Chapter 156B. Unless the Trustees otherwise designate, committees shall conduct their affairs in the same manner as is provided in these By-Laws for the Trustees. The members of any committee shall remain in office at the pleasure of the Board of Trustees.

4. OFFICERS

A. Enumeration. The officers of the Corporation shall consist of Trustees serving as Chair, Vice-Chair, Treasurer and Clerk, or such other officers having other titles and powers as the Board of Trustees may determine. The Corporation may have such other non-Trustee officers and assistant officers as the Board of Trustees may determine, including without limitation a President and one or more Vice-Presidents, Assistant Treasurers and Assistant Clerks. Any two or more offices may be held by the same person, except that neither the Chair nor the President shall also be the Clerk. If required by the Trustees, any officer shall give the

Corporation a bond for the faithful performance of his duties in such amount and with such surety or sureties as shall be satisfactory to the Trustees.

B. Election. The Chair shall be elected for a two-year term, with an option for up to two additional two-year terms (six-year maximum), by the vote of a majority of the Board of Trustees present and voting (excluding abstentions) at the annual meeting of Trustees. The Vice-Chair, Treasurer, and Clerk shall be elected annually for a one-year term by the vote of a majority of the Board of Trustees present and voting (excluding abstentions) at the annual meeting of Trustees. Candidates for such other elective offices as the Board may specify from time to time pursuant to the bylaws of the corporation shall be elected by the vote of a majority of the members of the Board of Trustees present and voting (excluding abstentions) at such meeting or at any other meeting at which there is a quorum for a term to be specified in conjunction with the specification of the office(s).

C. Tenure. Except as otherwise provided by law, the Articles of Organization or these By-Laws, the Chair, Vice-Chair, Treasurer, Clerk and all other officers shall hold office until the next annual meeting of the Board of Trustees.

D. Resignation and Removal. An officer may resign by delivering notice of resignation in writing to the Corporation at its principal office or to the Chair or the Clerk of the Corporation. Such resignation shall be effective upon receipt or upon such date (if any) as is stated in such resignation, unless otherwise determined by the Board. The Board of Trustees may remove any officer with or without cause by a vote of a majority of the Trustees, at a meeting of the Board of Trustees called for that purpose. An officer may be removed for cause only if notice of such action shall have been given to all of the Trustees prior to the meeting at which such action is to be taken and if the officer so to be removed shall have been given reasonable notice and opportunity to be heard before the Board of Trustees.

E. Vacancies. A vacancy in any office may be filled by vote of a majority of the Trustees at any meeting of Trustees at which a quorum is present or by appointment of all of the Trustees if less than a quorum of Trustees shall remain in office. Each such successor shall hold office for the unexpired term of the predecessor.

F. Chair of the Board. The Chair of the Board shall preside at all meetings of the Trustees and shall have such other powers and duties as may be vested in the Chair by the Board of Trustees. In the Chair's absence the Vice-Chair or the Chair's designee shall preside.

G. Vice-Chair of the Board. The Vice-Chair shall perform the duties of the Chair in the Chair's absence, and shall have other powers and duties as may be vested in the Vice-Chair by the Board of Trustees.

H. Treasurer. The Treasurer shall be the chief financial officer and the chief accounting officer of the Corporation. The Treasurer shall, subject to oversight by the Trustees, maintain general supervision over the financial affairs of the Corporation, including its long-range financial planning, and shall cause to be kept accurate books of account. Unless otherwise determined by the Board, the Treasurer shall prepare a yearly report on the financial status of the Corporation to be delivered at the annual meeting of Trustees. The Treasurer shall also prepare or oversee all filings required by the Commonwealth of Massachusetts, the Internal Revenue Service, or other federal and state agencies.

I. Clerk. The Clerk shall be a resident of the Commonwealth of Massachusetts, unless the Corporation has designated a resident agent in the manner provided by law. The minutes and records of all meetings of the Trustees shall be prepared and maintained by the Clerk. The Clerk shall keep such minutes and records within the Commonwealth at the principal office of the Corporation or the office of the Clerk or its resident agent; such minutes and records shall be open at all reasonable times to the inspection of any Trustee. Such minutes and records shall also contain records of all meetings of the incorporators and the original or attested copies of the Articles of Organization and these By-Laws and the names of all Trustees and the addresses of each such person. The Clerk shall have such other powers and shall perform such other duties as the Trustees may from time to time prescribe. In the absence of the Clerk from any meeting, a temporary Clerk shall be appointed by the presiding officer of the meeting and shall exercise the duties of the Clerk at the meeting

J. Other Powers and Duties. Each officer shall have, in addition to the powers and duties specifically set forth in these By-Laws, such powers and duties as are customarily incident to that office, and such powers and duties as the Trustees may from time to time designate.

K. President. The President shall be the chief executive officer of the Corporation and shall be an ex-officio member of the Board of Trustees. The Board of Trustees shall appoint, set the compensation of, and determine the continuation in office of, the President. The President shall have, subject to oversight by the Trustees, general supervision and control of the business of the Corporation. Unless otherwise determined by the Board, at each annual meeting of the Trustees the President shall submit a report of the operations of the Corporation for such year and a statement of its affairs, and shall from time to time report to the Board all matters which the interests of the Corporation require to be brought to its notice.

L. Vice President. The Vice President, if any, or if there shall be more than one, the Vice Presidents in the order determined by the Trustees, shall, in the absence or disability of the President, perform the duties and exercise the powers of the

President and shall perform such other duties and shall have such other powers as the Trustees may from time to time prescribe.

5. AMENDMENTS

These By-laws may be amended by a majority of the votes cast by Trustees (excluding abstentions) at any meeting of Trustees at which a quorum is present, provided that the substance of any proposed amendment is stated or summarized in the notice of such meeting. These By-Laws may also be amended by a vote of a majority of the Trustees (excluding abstentions), except with respect to any provision there of which by law or the Articles of Organization requires action by the Trustees.

6 . MISCELLANEOUS PROVISIONS

A. Fiscal Year. Except as otherwise determined by the Trustees, the fiscal year of the Corporation shall end on June 30 of each year.

B. Seal. The Corporation may have a seal in such form as the Trustees may adopt and alter from time to time.

C. Execution of Instruments. All checks, deeds, leases, transfers, contracts, bonds, notes and other obligations authorized to be executed by an officer of the Corporation in its behalf shall be signed by the President or the Treasurer except as the Trustees may generally or in particular cases otherwise determine. A certificate by the Clerk or an Assistant Clerk, or a temporary Clerk, as to any action taken by the Board of Trustees or any officer or representative of the Corporation shall as to all persons who rely thereon in good faith be conclusive evidence of such action.

D. Transactions with Interested Parties. In the absence of fraud, no contract or other transaction between this Corporation and any other corporation or any firm, association, partnership or person shall be affected or invalidated by the fact that any Trustee or officer of this Corporation is pecuniarily or otherwise interested in or is a Trustee, member or officer of such other corporation or of such firm, association or partnership or is a party to or is pecuniarily or otherwise interested in such contract or other transaction or is in any way connected with any person or persons, firm, association, partnership, or corporation pecuniarily or otherwise interested therein; provided that the fact that he individually or as a Trustee, member or officer of such corporation, firm, association or partnership is such a party or is so interested shall be disclosed to or shall have been known by the Board of Trustees or a majority of such members thereof as shall be present or represented at a meeting of the Board of Trustees at which action upon any such

contract or transaction shall be taken; any Trustee may be counted in determining the existence of a quorum and may vote at any meeting of the Board of Trustees for the purpose of authorizing any such contract or transaction with like force and effect as if he were not so interested, or were not a Trustee, member or officer of such other corporation, firm, association or partnership, provided that any vote with respect to such contract or transaction must be adopted by a majority of the Trustees then in office who have no interest in such contract or transaction.

E. Dissolution. In the event of the termination, dissolution, or liquidation of the Corporation in any manner or for any reason whatsoever, its assets, if any, remaining after the payment of all of the liabilities of the Corporation, shall be distributed pursuant to Chapter 180, Section 11A, to one or more organizations with similar purposes and exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, as amended, in such manner and in such proportions as shall be approved by the vote of two-thirds of the Trustees at any meeting of Trustees for which at least thirty days prior written notice has been given.

F. Conduct of Meetings. All meetings of the Trustees and the Corporation in its various activities shall be conducted according to Robert's Rules of Order.

G. Policies. The Corporation shall establish and publish such Policies as may be required by law or by appropriate accrediting bodies, including but not limited to a Policy of Nondiscrimination, a Policy for Retention of Records, a Policy on Conflict of Interest, and other such Policies as the Trustees may require.

H. Articles of Organization. All references in these By-Laws to the Articles of Organization shall be deemed to refer to the Articles of Organization of the Corporation, as amended and in effect from time to time.

APPROVED by THE BOARD OF TRUSTEES: December 5, 2019

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 20

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 10, 2020

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:	John Colucci	175 Andover Street, Suite 101 Danvers, MA 01923	Until
Treasurer:	Robert Fanning, Jr.	175 Andover Street, Suite 101 Danvers, MA 01923	Successors
Clerk: (or Secretary)	Robert P. Goldman	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 20.

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, 2020

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

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

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

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

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

Robert Gore, Trustee
175 Andover Street
Danvers, MA 01923

Allan Huntley, Trustee
175 Andover Street
Danvers, MA 01923

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

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

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

Derek Reed, Trustee
175 Andover Street
Danvers, MA 01923

Ben Langille, Trustee
175 Andover Street
Danvers, MA 01923

Elizabeth Moulton, Trustee
175 Andover Street
Danvers, MA 01923

John Colucci, Chair
175 Andover Street
Danvers, MA 01923

Richard Yagjian, Trustee
175 Andover Street
Danvers, MA 01923

Pamela Scott, Trustee
175 Andover Street
Danvers, MA 01923

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

Anita Wordan, Trustee
175 Andover Street
Danvers, MA 01923