

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020**Open to Public Inspection****A For the 2020 calendar year, or tax year beginning** 07/01/20 **and ending** 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ESSEX COUNTY COMMUNITY FOUNDATION, INC.		D Employer identification number ** - ** 7816
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 175 ANDOVER STREET, SUITE 101		E Telephone number 978-777-8876
	City or town, state or province, country, and ZIP or foreign postal code DANVERS MA 01923		G Gross receipts \$ 40,612,679
	F Name and address of principal officer: M ELIZABETH FRANCIS 175 ANDOVER ST DANVERS MA 01923		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ECCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)	18		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	14		
	6	Total number of volunteers (estimate if necessary)	76		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	23,816,873	26,469,643	
	9	Program service revenue (Part VIII, line 2g)	2,478	176,446	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,631,071	6,083,609	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,450,422	32,729,698	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,121,766	17,931,656
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,063,327	1,267,987
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 300,628			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,118,772	1,822,987	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,303,865	21,022,630	
19		Revenue less expenses. Subtract line 18 from line 12	5,146,557	11,707,068	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	96,930,282	127,248,695	
	21	Total liabilities (Part X, line 26)	15,766,980	19,644,247	
	22	Net assets or fund balances. Subtract line 21 from line 20	81,163,302	107,604,448	

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	
	ALLAN HUNTLEY		ASSISTANT TREASURER	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JAYNE A. ANDREWS		JAYNE A. ANDREWS	09/20/21
	Firm's name ▶ ANSTISS & CO., P.C.		Firm's EIN ▶ ** - ** 7204	
	1115 WESTFORD STREET, 3RD FLOOR		Phone no. 978-452-2500	
	Firm's address ▶ LOWELL, MA 01851-2701			

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** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 19,744,116 including grants of \$ 17,931,656) (Revenue \$ 176,446)
 TO RAISE AND DISTRIBUTE FUNDS FROM THE COMMUNITY FOR THE BENEFIT OF
 CHARITABLE ORGANIZATIONS PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS.

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

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

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

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

4e Total program service expenses ▶ 19,744,116

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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	55	
b 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	14
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 ☒

Section A. Governing Body and Management

	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	18
b Enter the number of voting members included on line 1a, above, who are independent	1b	18
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	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?	16a	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?	16b	X

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

GREATER HORIZONS
KANSAS CITY

1055 BROADWAY BLVD. #130

MO 64105

866-719-7886

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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			
(1) MOIRA MCNAMARA JAMES	1.00								
TRUSTEE	0.00	X					0	0	0
(2) JAMES A. RULLO	1.00								
TRUSTEE	0.00	X					0	0	0
(3) RICHARD YAGJIAN	1.00								
TRUSTEE	0.00	X					0	0	0
(4) ROBERT GOLDMAN	1.00								
CLERK	0.00	X		X			0	0	0
(5) BEN LANGILLE	1.00								
TRUSTEE	0.00	X					0	0	0
(6) JOHN COLUCCI	2.00								
CHAIRMAN	0.00	X		X			0	0	0
(7) RICHARD SUMBERG	1.00								
TRUSTEE	0.00	X					0	0	0
(8) ROBERT GORE	1.00								
TRUSTEE	0.00	X					0	0	0
(9) CHRISTINE ORTIZ	1.00								
TRUSTEE	0.00	X					0	0	0
(10) DEREK REED	1.00								
TRUSTEE	0.00	X					0	0	0
(11) JEAN VERBRIDGE	1.00								
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) PAMELA SCOTT	1.00									
TRUSTEE	0.00	X						0	0	0
(13) ALLAN HUNTLEY	1.00									
ASSISTANT TREASURER	0.00	X		X				0	0	0
(14) ANITA WORDEN	1.00									
TRUSTEE	0.00	X						0	0	0
(15) ANA COLMENERO	1.00									
TRUSTEE	0.00	X						0	0	0
(16) STEPHEN COHEN	1.00									
TRUSTEE	0.00	X						0	0	0
(17) ROBERT R. FANNING, JR.	1.00									
TREASURER	0.00	X		X				0	0	0
(18) ELIZABETH MOULTON	1.00									
TRUSTEE	0.00	X						0	0	0
(19) M ELIZABETH FRANCIS	40.00									
PRESIDENT AND CEO	0.00			X				183,077	0	5,851
1b Subtotal								183,077		5,851
c Total from continuation sheets to Part VII, Section A								374,787		39,812
d Total (add lines 1b and 1c)								557,864		45,663

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 **4**

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

	Yes	No
3		X

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

	Yes	No
4	X	

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
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
JOHN KANIA	PROGRAM MGMT	187,500

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 **1**

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	2,217,572			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,252,071			
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,992,041			
	h Total. Add lines 1a-1f		26,469,643			
Program Service Revenue	Business Code					
	2a RISING TOGETHER AND IFT	900099	124,254	124,254		
	b SUMMER FUNDS		52,192	52,192		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		176,446				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,716,037			1,716,037
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	12,250,553			
	b Less: cost or other basis and sales exps.	7b	7,882,981			
	c Gain or (loss)	7c	4,367,572			
	d Net gain or (loss)		4,367,572			4,367,572
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			32,729,698	176,446	0	6,083,609

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	17,896,656	17,896,656		
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	360,962	122,727	187,700	50,535
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	753,230	256,099	391,679	105,452
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,969	5,429	8,304	2,236
9 Other employee benefits	51,509	17,513	26,785	7,211
10 Payroll taxes	86,317	29,348	44,885	12,084
11 Fees for services (nonemployees):				
a Management				
b Legal	26,404		26,404	
c Accounting	17,776		17,776	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,135	7,135		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	740,470	655,574	84,528	368
12 Advertising and promotion				
13 Office expenses	158,230	53,797	82,280	22,153
14 Information technology	84,834	28,843	44,114	11,877
15 Royalties				
16 Occupancy	86,411	29,380	44,933	12,098
17 Travel	4,973	1,691	2,586	696
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,123	59,123		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,314	785	1,204	325
23 Insurance	6,422	2,184	3,339	899
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	542,832	542,832		
b OTHER FUNDRAISING EXPENSE	74,694			74,694
c PROFESSIONAL DEVELOPMENT	11,369		11,369	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,022,630	19,744,116	977,886	300,628
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	1,973,789	1	2,532,466
	2 Savings and temporary cash investments	357,036	2	169,202
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	345,413
	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	25,236	9	20,726
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 111,870		
	b Less: accumulated depreciation	10b 101,103	10c 6,221	10,767
	11 Investments—publicly traded securities	94,568,000	11	124,170,121
	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)	96,930,282	16	127,248,695	
Liabilities	17 Accounts payable and accrued expenses	140,776	17	134,615
	18 Grants payable	529,252	18	355,560
	19 Deferred revenue	23,000	19	2,500
	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	143,947	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,930,005	25	19,151,572
	26 Total liabilities. Add lines 17 through 25	15,766,980	26	19,644,247
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	74,768,168	27	99,546,274
	28 Net assets with donor restrictions	6,395,134	28	8,058,174
	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	81,163,302	32	107,604,448
33 Total liabilities and net assets/fund balances	96,930,282	33	127,248,695	

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	32,729,698
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,022,630
3	Revenue less expenses. Subtract line 2 from line 1	3	11,707,068
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,163,302
5	Net unrealized gains (losses) on investments	5	14,787,249
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	-53,171
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	107,604,448

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

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				149,609	0	18,570
(21) STACEY LANDRY	40.00									
DIR. OF STRAT.GIVING	0.00					X		117,790	0	4,223
(22) CAROL SCHUSTER	40.00									
VP FOR GRANTS	0.00					X		107,388	0	17,019
1b Subtotal								374,787		39,812
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)**Public Charity Status and Public Support**

OMB No. 1545-0047

2020Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,377,438	8,656,571	11,882,258	23,816,873	12,947,079	66,680,219
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	9,377,438	8,656,571	11,882,258	23,816,873	12,947,079	66,680,219
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,287,586
6 Public support. Subtract line 5 from line 4						64,392,633

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	9,377,438	8,656,571	11,882,258	23,816,873	12,947,079	66,680,219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,015,707	1,318,950	1,724,532	1,990,415	1,716,037	7,765,641
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						74,445,860
12 Gross receipts from related activities, etc. (see instructions)					12	178,924
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	86.50 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.86 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 line 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)

- 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 lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
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—provide details in Part VI)		
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

\$ 1,300,823

\$ 1,615,369

\$ 4,130,261

\$ 1,100,000

\$ 2,105,000

\$ 1,531,763

\$ 1,739,348

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

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

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

Name of organization **ESSEX COUNTY COMMUNITY
FOUNDATION, INC.**Employer identification number
****-***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) 2020

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	20,763,500													
e Total exempt purpose expenditures (add lines 1c and 1d)	20,763,500													
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	604,160	1,000,000	1,000,000	1,000,000	3,604,160
b Lobbying ceiling amount (150% of line 2a, column (e))					5,406,240
c Total lobbying expenditures				0	
d Grassroots nontaxable amount	151,040	250,000	250,000	250,000	901,040
e Grassroots ceiling amount (150% of line 2d, column (e))					1,351,560
f Grassroots lobbying expenditures				0	

Part IV Supplemental Information (continued)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

Employer identification number

-*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	100	
2 Aggregate value of contributions to (during year)	12,199,717	
3 Aggregate value of grants from (during year)	5,985,749	
4 Aggregate value at end of year	43,876,388	

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:

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,565,127	18,220,585	15,207,086	14,150,630	8,245,447
b Contributions	904,229	2,522,278	589,908	979,390	1,106,136
c Net investment earnings, gains, and losses	5,663,376	719,373	967,876	1,056,260	1,125,724
d Grants or scholarships		928,131	902,423		
e Other expenditures for facilities and programs	-1,492,480	-795,154	-2,358,138	979,194	-3,673,323
f Administrative expenses					
g End of year balance	26,640,252	21,329,259	18,220,585	15,207,086	14,150,630

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				

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

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	18,505,259
(3) FUNDS HELD FOR OTHERS	492,272
(4) CHARITABLE GIFT ANNUITIES	154,041
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,151,572

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	47,204,646
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	14,787,249
b	Donated services and use of facilities	2b	3,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	14,790,249
3	Subtract line 2e from line 1	3	32,414,397
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	7,135
b	Other (Describe in Part XIII.)	4b	308,166
c	Add lines 4a and 4b	4c	315,301
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,729,698

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	20,763,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,000
3	Subtract line 2e from line 1	3	20,760,500
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	7,135
b	Other (Describe in Part XIII.)	4b	254,995
c	Add lines 4a and 4b	4c	262,130
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,022,630

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, 2021.

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 IT NO LONGER SUBJECT TO REVIEW BY TAXING AUTHORITIES FOR PERIODS PRIOR TO 2018. SUBSTANTIALLY ALL OF THE FOUNDATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE. THEREFORE, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX EXEMPT NOT-FOR-PROFIT ENTITY.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
 CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS \$ 308,166

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
 GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS \$ 254,995

**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

2020Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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) 2020

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

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

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

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

Employer identification number
* * - * * * 7816

OMB No. 1545-0047

2020

Open to Public
Inspection

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 ☒

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)	ACT LAWRENCE 15 UNION STREET, ENTRANCE C LAWRENCE MA 01840	*-***8855	501C3	43,250				
(2)	ACTION, INC. 180 MAIN STREET GLOUCESTER MA 01930-3749	*-***9332	501C3	227,194				
(3)	ADDISON GILBERT HOSPITAL OFFICE OF PHILANTHROPY GLOUCESTER MA 01930	*-***1317	501C3	13,265				
(4)	ALLIANCE OF CLIMATE AND ENVIRONMENT PO BOX 281 NEWBURYPORT MA 01950	*-***5198	501C3	10,000				
(5)	ANDOVER PUBLIC SCHOOLS 36R BARTLET STREET ANDOVER MA 01810		GOV	24,637				
(6)	ANDOVER SENIOR COMMUNITY FRIENDS IN 30 WHITTIER COURT ANDOVER MA 01810	*-***7717	501C3	15,000				
(7)	ANNA JAKUES HOSPITAL 25 HIGHLAND AVENUE NEWBURYPORT MA 01950	*-***4338	501C3	7,000				
(8)	ARTS INSTITUTE GROUP OF THE MERRIMA 39 COUNTY ROAD ANDOVER MA 01810	*-***2061	501C3	25,000				
(9)	BABSON COLLEGE 231 FOREST ST BABSON PARK MA 02457	*-***3544	501C3	20,000				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 227

3 Enter total number of other organizations listed in the line 1 table ▶ 10

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

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

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.**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

2020**Open to Public
Inspection**

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)	BACKYARD GROWERS 103R MAPLEWOOD AVENUE GLOUCESTER MA 01930	**--***3021	501C3	12,500				
(2)	BATES COLLEGE 2 ANDREWS ROAD LEWISTON ME 04240	**--***1781	501C3	20,000				
(3)	BEVERLY BOOTSTRAPS COMMUNITY SERVICE 35 PARK STREET BEVERLY MA 01915	**--***4507	501C3	20,000				
(4)	BEVERLY CHILDREN'S LEARNING CENTER 550 CABOT STREET BEVERLY MA 01915	**--***7243	501C3	20,000				
(5)	BEVERLY SCHOOL FOR THE DEAF 6 ECHO AVENUE BEVERLY MA 01915	**--***3886	501C3	15,000				
(6)	BEYOND SOCCER 280 MERRIMACK STREET, #309 LAWRENCE MA 01843-1779	**--***8718	501C3	9,000				
(7)	BEYOND WALLS INC. 18 MT VERNON STREET LYNN MA 01901	**--***3018	501C3	27,500				
(8)	BIG SISTER ASSOCIATION OF GREATER BOSTON 20 PARK PLAZA #1420 BOSTON MA 02116	**--***0651	501C3	10,000				
(9)	BLESSED STEPHEN BELLESINI OSA 94 BRADFORD STREET LAWRENCE MA 01840		501C3	84,000				STEM, TECHNOLOGY

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, INC.

OMB No. 1545-0047

2020

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?

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)	BLUEPRINT NORTH CAROLINA 3739 NATIONAL DRIVE RALEIGH NC 27612	**--***9538	501C3	50,000				
(2)	BLUESKIES WELLNESS INC 232 PLEASANT STEET, 2ND FLOOR METHUEN MA 01844	**--***4409	501C3	10,000				
(3)	BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON MA 02215	**--***3547	501C3	20,000				
(4)	BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE MA 01841-4722	**--***6824	501C3	34,000				
(5)	BREAD AND ROSES INC. 58 NEWBURY STREET LAWRENCE MA 01840-1714	**--***8119	501C3	20,000				
(6)	BROOKWOOD SCHOOL INC 1 BROOKWOOD ROAD MANCHESTER MA 01944	**--***7413	501C3	10,000				
(7)	BUDGET BUDDIES 114 TURNPIKE ROAD CHELMSFORD MA 01824	**--***8545	501C3	27,000				
(8)	BUILDING A BETTER BEVERLY INC. 191 CABOT STRREET BEVERLY MA 01915	**--***0630	501C3	20,000				
(9)	CABOT PERFORMING ARTS CENTER INC 286 CABOT STREET BEVERLY MA 01915	**--***1634	501C3	50,000				

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

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

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

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

OMB No. 1545-0047

2020

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)	CAMBRIDGE COMMUNITY FOUNDATION 99 BISHOP ALLEN DRIVE CAMBRIDGE MA 02139	**--***2492	501C3	10,000				
(2)	CAMPAIGN LEGAL CENTER 1101 14TH STREET NW, SUITE 400 WASHINGTON DC 20005	**--***8387	501C3	60,000				
(3)	CAPE ANN ANIMAL AID ASSOCIATION INC 4 PAWS LANE GLOUCESTER MA 01930	**--***4914	501C3	20,000				
(4)	CAPE ANN ART HAVEN 180 B MAIN STREET GLOUCESTER MA 01930	**--***5255	501C3	10,000				
(5)	CAPE ANN MUSEUM INC 27 PLEASANT STREET GLOUCESTER MA 01930-5909	**--***3545	501C3	55,000				
(6)	CARE DIMENSIONS INC 75 SYLVAN ST, STE B102 DANVERS MA 01923	**--***3792	501C3	20,000				
(7)	CENTERBOARD INC 16 CITY HALL SQUARE LYNN MA 01901	**--***9658	501C3	8,000				
(8)	CENTERVILLE IMPROVEMENT SOCIETY 437 ESSEX STREET BEVERLY MA 01915	**--***2771	501C3	20,000				
(9)	CHICA 1266 FURNACE BRROK PARKWAY, SUITE 4 QUINCY MA 02169	**--***6647	501C3	20,000				

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

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

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

DAA

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

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Open to Public
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-*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 non-cash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S CENTER OF FAITH UNITED 35 LOWELL STREET METHUEN MA 01844	**--***3682	501C3	6,500				
(2)	CITIZENS INN INC 81 MAIN STREET PEABODY MA 01960	**--***0856	501C3	50,000				
(3)	CITY OF GLOUCESTER CITY HALL GLOUCESTER MA 01930		GOV	18,750				
(4)	CITY OF LAWRENCE CITY HALL LAWRENCE MA 01840		GOV	100,900				
(5)	CITY OF LOWELL CITY HALL LOWELL MA 01852		GOV	10,000				
(6)	CITY OF LYNN CITY HALL LYNN MA 01901		GOV	750,000				
(7)	CITY OF PEABODY CITY HALL PEABODY MA 01960		GOV	25,000				
(8)	CITY OF SALEM SALEM CITY HALL SALEM MA 01970		GOV	463,846				
(9)	CLARENDON EARLY EDUCATION SERVICES 370 MERRIMACK STREET, BUILDING 5 LAWRENCE MA 01843	**--***8114	501C3	25,000				

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

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

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

DAA

Schedule I (Form 990) (2020)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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.

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)	COLD HOLLOW TO CANADA INC PO BOX 406 MONTGOMERY VT 05471	**--***7953	501C3	6,000				
(2)	COLLEEN E RITZER MEMORIAL FUND INC PO BOX 1269 ANDOVER MA 01810	**--***9010	501C3	251,747				
(3)	COLUMBIA LAND CONSERVANCY INC 49 MAIN STREET CHATHAM NY 12037	**--***7332	501C3	10,000				
(4)	COMMON CAUSE EDUCATION FUND 805 15TH STREET, NW, SUITE 800 WASHINGTON DC 20005	**--***5370	501C3	50,000				
(5)	COMMUNITIES TOGETHER, INC. PO BOX 428 LAWRENCE MA 01842	**--***8423	501C3	5,500				
(6)	COMMUNITY ACTION, INC. 3 WASHINGTON SQUARE, STE. 4 HAVERHILL MA 01830	**--***3153	501C3	228,202				
(7)	COMMUNITY DAY CARE CENTER OF LAWRENCE 190 HAMPSHIRE STREET LAWRENCE MA 01840	**--***3133	501C3	289,756				
(8)	COMMUNITY FOUNDATION OF HERKIMER AND 2608 GENESEE STREET UTICA NY 13502	**--***6932	501C3	10,000				
(9)	COMMUNITY TEAMWORK, INC. 155 MERRIMACK STREET LOWELL MA 01852	**--***2027	501C3	30,000				

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

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DAA

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization
ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

OMB No. 1545-0047

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Part I General Information on Grants and Assistance

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Yes ☐ No ☐

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(1)	CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON MA 02110	**--***9986	501C3	75,000				
(2)	DIGNITY MATTERS INC. PO BOX 72 WAYLAND MA 01778	**--***2839	501C3	5,184				
(3)	DOUG FLUTIE JR FOUNDATION FOR AUTIS 1661 WORCESTER ROAD, SUITE 102 FRAMINGHAM MA 01701	**--***3134	501C3	10,000				
(4)	ELDER SERVICES OF THE MERRIMACK VAL 280 MERRIMACK STREET, SUITE 400 LAWRENCE MA 01843	**--***5136	501C3	193,000				
(5)	ELEVATED THOUGHT FOUNDATION, INC. 15 UNION STREET STE 120 LAWRENCE MA 01840	**--***9031	501C3	20,000				
(6)	ELIOT COMMUNITY HUMAN SERVICES INC 125 HARTWELL AVENUE LEXINGTON MA 02421	**--***6924	501C3	74,347				
(7)	EMMAUS, INC. P.O. BOX 568 HAVERHILL MA 01831	**--***2774	501C3	20,000				
(8)	ENTREPRENEURSHIP FOR ALL INC. 175 CABOT STREET, SUITE 100 LOWELL MA 01854	**--***8182	501C3	180,000				
(9)	EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY AL 36104	**--***5091	501C3	10,000				

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SCHEDULE I
(Form 990)

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

Name of the organization
ESSEX COUNTY COMMUNITY
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OMB No. 1545-0047

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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)	ESPERANZA ACADEMY, INC. 198 GARDEN STREET LAWRENCE MA 01840	**-***2348	501C3	52,000				
(2)	ESSEX ART CENTER 56 ISLAND STREET LAWRENCE MA 01840	**-***8501	501C3	7,500				
(3)	ESSEX COUNTY COMMUNITY ORGANIZATION C/O ST. STEPHEN'S CHURCH LYNN MA 01902-4553	**-***8237	501C3	68,750				
(4)	ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVENUE ESSEX MA 01929-1329	**-***4297	501C3	13,100				
(5)	ESSEX COUNTY HABITAT FOR HUMANITY, 14 PARK STREET DANVERS MA 01923	**-***2831	501C3	42,500				
(6)	ESSEX NORTH SHORE AGRICULTURAL & TE 565 MAPLE STREET HATHORNE MA 01937	**-***7978	501C3	238,500				
(7)	EVELYN LILLY LUTZ FOUNDATION 500 BUILDING, SUITE 6500 BEVERLY MA 01915	**-***3885	501C3	640,000				
(8)	EXPRESS YOURSELF 100 CUMMINGS CENTER, SUITE 165E BEVERLY MA 01915	**-***4365	501C3	20,000				
(9)	FAIR COUNT INC PO BOX 170382 ATLANTA GA 30317	**-***1574	501C3	30,000				

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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, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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)	FAMILIES FOR DEPRESSION AWARENESS 391 TOTTEN POND ROAD, SUITE 101 WALTHAM MA 02451	**--***6730	501C3	20,000				
(2)	FAMILY CONTINUITY PROGRAMS INC 360 MERRIMACK STREET, SUITE 3 LAWRENCE MA 01843	**--***7023	501C3	10,000				
(3)	FAMILY PROMISE NORTH SHORE BOSTON 330 RANTOUL STREET BEVERLY MA 01915	**--***1635	501C3	10,000				
(4)	FAMILY SERVICES OF THE MERRIMACK VALLEY 430 NORTH CANAL STREET LAWRENCE MA 01840-1246	**--***4054	501C3	45,000				
(5)	FIRST BAPTIST CHURCH IN BEVERLY 221 CABOT STREET BEVERLY MA 01915	**--***3860	501C3	47,500				
(6)	FOR KIDS ONLY AFTERSCHOOL 194 ESSEX STREET SALEM MA 01970	**--***7204	501C3	25,000				
(7)	FOUNDATION FOR BUSINESS EQUITY INC 265 FRANKLIN STREET BOSTON MA 02110-3113	**--***2000	501C3	50,000				
(8)	FRANCONIA SKI CLUB PO BOX 462 FRANCONIA NH 03580	**--***5446	501C3	10,000				
(9)	FRIENDS OF MIDDLESEX FIELDS RESERVATION 235 WEST FOSTER STREET MELROSE MA 02176	**--***8797	501C3	37,509				

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DAA

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.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)	FRIENDS OF THE MAD RIVER GENERAL WAIT HOUSE WAITSFIELD VT 05673	**--***8974	501C3	7,000				
(2)	FRONT ROW FOUNDATION CORP PO BOX 15795 RICHMOND VA 23227	**--***8151	501C3	8,889				
(3)	GIRLS INC. OF LYNN 50 HIGH STREET LYNN MA 01902	**--***4250	501C3	15,000				
(4)	GIVINGFUND			15,000				
(5)	GLOUCESTER ADVENTURE, INC. AKA SCHOONER ADVENTURE GLOUCESTER MA 01931-1306	**--***0719	501C3	10,000				
(6)	GLOUCESTER EDUCATION FOUNDATION PO BOX 1104 GLOUCESTER MA 01931	**--***4669	501C3	55,000				
(7)	GLOUCESTER HIGH SCHOOL 32 LESLIE O JOHNSON ROAD GLOUCESTER MA 01930		GOV	47,154				
(8)	GLOUCESTER MARINE GENOMICS INSTITUT 417 MAIN STREET GLOUCESTER MA 01930	**--***0006	501C3	25,000				
(9)	GLOUCESTER MARITIME HERITAGE CENTER 23 HARBOR LOOP GLOUCESTER MA 01930	**--***0870	501C3	18,880				

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DAA

Schedule I (Form 990) (2020)

**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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OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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.

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(1)	GOVERNOR DUMMER ACADEMY DEA: THE GOVERNOR'S ACADEMY BYFIELD MA 01922	* * - * * * 3564	501C3	7,000				
(2)	GRACE CENTER, INC. P.O. BOX 135 GLOUCESTER MA 01930	* * - * * * 7540	501C3	50,000				
(3)	GRACE EPISCOPAL CHURCH 35 JACKSON STREET LAWRENCE MA 01840		501C3	15,000				
(4)	GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON MA 02118	* * - * * * 7782	501C3	10,000				
(5)	GREATER LAWRENCE COMMUNITY ACTION 305 ESSEX STREET, 4TH FLOOR LAWRENCE MA 01840	* * - * * * 7449	501C3	324,137				
(6)	GREATER LAWRENCE COMMUNITY BOATING 1 EATON STREET LAWRENCE MA 01840	* * - * * * 1824	501C3	20,000				
(7)	GREATER LAWRENCE FAMILY HEALTH CENT ONE GRIFFIN BROOKS DRIVE, SUITE 101 METHUEN MA 01844	* * - * * * 8824	501C3	36,000				
(8)	GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN MA 01901	* * - * * * 1129	501C3	54,157				
(9)	GROUNDWORK LAWRENCE 50 ISLAND STREET, SUITE 101 LAWRENCE MA 01840	* * - * * * 6770	501C3	474,972				

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Department of the Treasury
Internal Revenue Service

Name of the organization
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FOUNDATION, INC.

OMB No. 1545-0047
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Employer identification number
** - * * * * 7816

Part I General Information on Grants and Assistance

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(1)	GUNSTON SCHOOL 911 GUNSTON ROAD CENTREVILLE MD 21617		501C3	8,000				
(2)	HABITAT FOR HUMANITY GREATER BOSTON 240 COMMERCIAL STREET BOSTON MA 02109	** - ***4233	501C3	10,000				
(3)	HARBORLIGHT COMMUNITY PARTNERS 283 ELLIOT STREET BEVERLY MA 01915	** - ***3571	501C3	15,000				
(4)	HARVEY GIRLS INC. 184 PLEASANT VALLEY STREET METHUEN MA 01844	** - ***7138	501C3	10,000				
(5)	HAVEN PROJECT 57 MUNROE STREET LYNN MA 01901	** - ***7693	501C3	10,000				
(6)	HEALING ABUSE WORKING FOR CHANGE 27 CONGRESS STREET SALEM MA 01970	** - ***5367	501C3	10,000				
(7)	HIGHLANDER RESEARCH & EDUCATION CEN 1959 HIGHLANDER WAY NEW MARKET TN 37820	** - ***6373	501C3	10,000				
(8)	HUMAN RIGHTS WATCH INC. 350 5TH AVENUE, 34TH FLOOR NEW YORK NY 10118-3299	** - ***5808	501C3	25,000				
(9)	IMMIGRANT CITY ARCHIVES INC AKA LAWRENCE HISTORY CENTER LAWRENCE MA 01840	** - ***1157	501C3	11,000				

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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Name of the organization
ESSEX COUNTY COMMUNITY
FOUNDATION, INC.**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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(1)	IPSWICH RIVER WATERSHED ASSOCIATION P.O. BOX 576 IPSWICH MA 01938	**--***5125	501C3	19,000				
(2)	ISSUE ONE 1401 K STREET, NW, SUITE 350 WASHINGTON DC 20005	**--***4285	501C3	85,000				
(3)	JOHN & ANNA NEWTON PORTER FOUNDATION PO BOX 325 ALTON BAY NH 03810	**--***4452	501C3	10,000				
(4)	JOHN ASHFORD LINK HOUSE, INC. MARIS WOMEN'S CENTER SALISBURY MA 01952	**--***8329	501C3	25,000				
(5)	JUNIOR ACHIEVEMENT NORTHERN 209 BURLINGTON ROAD BEDFORD MA 01730	**--***7020	501C3	10,000				EDUCATION
(6)	JUSTICE RESOURCE INSTITUTE, INC. 160 GOULD STREET, SUITE 300 NEEDHAM MA 02494	**--***6357	501C3	22,000				
(7)	LA VIDA, INC. 120 MUNROE STREET LYNN MA 01901	**--***6256	501C3	10,000				
(8)	LAKE FOREST ACADEMY 1500 KENNEDY ROAD LAKE FOREST IL 60045	**--***6167	501C3	7,500				
(9)	LANDMARK SCHOOL 429 HALE STREET PRIDES CROSSING MA 01965	**--***9311	501C3	30,000				

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**SCHEDULE I
(Form 990)**Department of the Treasury
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Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☐ Yes ☐ No

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(1)	LASELL COLLEGE 1844 COMMONWEALTH AVENUE AUBURNDALE MA 02466	**--***3585	501C3	5,850				
(2)	LATINO LEADERSHIP COALITION INC. 30 BOARDMAN STREET SALEM MA 01970	**--***1389	501C3	30,500				
(3)	LATINO SUPPORT NETWORK 140 UNION ST STE 203 # 205 LYNN MA 01901	**--***9515	501C3	30,500				
(4)	LAWRENCE CATHOLIC ACADEMY 101 PARKER STREET LAWRENCE MA 01843	**--***1636	501C3	200,000				
(5)	LAWRENCE COMMUNITY WORKS, INC. ATTN: ACCOUNTS RECEIVABLE LAWRENCE MA 01841	**--***2308	501C3	170,128				
(6)	LAWRENCE FAMILY DEVELOPMENT AND EDU 34 WEST STREET LAWRENCE MA 01841	**--***7142	501C3	35,910				
(7)	LAWRENCE GENERAL HOSPITAL ONE GENERAL STREET LAWRENCE MA 01842-0389	**--***3586	501C3	12,500				
(8)	LAWRENCE PARTNERSHIP C/O NECC LAWRENCE MA 01840	**--***9447	501C3	310,750				
(9)	LAWRENCE RECREATION DEPARTMENT 200 COMMON STREET LAWRENCE MA 01840		GOV	10,000				

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DAA

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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Internal Revenue ServiceName of the organization
ESSEX COUNTY COMMUNITY
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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	LEAP FOR EDUCATION, INC. 35 CONGRESS STREET #102 SALEM MA 01970	**--***5061	501C3	47,500				
(2)	LYNN ECONOMIC OPPORTUNITY, INC. 156 BROAD STREET LYNN MA 01901	**--***8885	501C3	343,543				
(3)	LOWELL COMMUNITY LOAN FUND INC. DBA: MILL CITY COMMUNITY INVESTMENT LAWRENCE MA 01840	**--***1892	501C3	421,577				
(4)	LUMINARTZ 1 MOSES LANE ESSEX MA 01929	**--***2512	501C3	12,500				
(5)	LUNG TRANSPLANT FUND AT UNIVERSITY CHAPEL HILL CHAPEL HILL NC 27599	**--***1393	501C3	10,000				
(6)	LYNN COMMUNITY HEALTH INC 269 UNION STREET LYNN MA 01901	**--***5066	501C3	72,750				
(7)	LYNN SHELTER ASSOCIATION 100 WILLOW STREET LYNN MA 01901-1100	**--***3594	501C3	10,000				
(8)	LYSOA INC 312 UNION STREET LYNN MA 01901	**--***9271	501C3	25,000				
(9)	MASSACHUSETTS AUDUBON SOCIETY INC IPSWICH RIVER WILDLIFE SANCTUARY TOPSFIELD MA 01983-1922	**--***4702	501C3	46,000				

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

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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, INC.

OMB No. 1545-0047

2020

Open to Public
Inspection

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	MASSACHUSETTS BAIL FUND INC 2161 MASSACHUSETTS AVENUE CAMBRIDGE MA 02140	**--***4766	501C3	10,000				
(2)	MASSACHUSETTS COALITION FOR THE HOME 73 BUFFUM STREET LYNN MA 01902	**--***9662	501C3	9,000				
(3)	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON MA 02114	**--***4655	501C3	1,100,000				
(4)	MERRIMACK RIVER WATERSHED COUNCIL 60 ISLAND STREET, SUITE 246 LAWRENCE MA 01840	**--***3281	501C3	25,000				
(5)	MERRIMACK VALLEY YMCA - ADMINISTRATIVE 360 MERRIMACK ST., STE. 270 LAWRENCE MA 01843	**--***4378	501C3	46,000				
(6)	METHUEN ARLINGTON NEIGHBORHOOD, INC 141 TENNEY STREET METHUEN MA 01844-3810	**--***5830	501C3	6,000				
(7)	METRO NORTH REGIONAL EMPLOYMENT BOARD 186 ALEWIFE BROOK PKWY, STE 216 CAMBRIDGE MA 02138	**--***9555	501C3	9,626				
(8)	MILLION DOLLAR ROUND TABLE FOUNDATION 325 W TOUHY AVENUE PARK RIDGE IL 60068	**--***0766	501C3	15,660				
(9)	MILTON ACADEMY 170 CENTRE STREET MILTON MA 02186	**--***3603	501C3	50,000				

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

Schedule I (Form 990) (2020)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization
ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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 ☐

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)	MONTERRAT COLLEGE OF ART 23 ESSEX STREET BEVERLY MA 01915	**-***9814	501C3	92,500				
(2)	MUSEUM OF FINE ARTS 465 HUNTINGTON AVENUE BOSTON MA 02115	**-***3607	501C3	230,000				
(3)	MY BROTHER'S TABLE 98 WILLOW STREET LYNN MA 01901	**-***4047	501C3	10,000				
(4)	NATIONAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK NY 10011	**-***4926	501C3	10,000				
(5)	NATURE SACRED 105 ANNAPOLIS STREET, SUITE D ANNAPOLIS MD 21401	**-***3576	501C3	100,000				
(6)	NE EDUCATIONAL AND DEVELOPMENTAL SJ 1390 MAIN STREET TEWKSBURY MA 01876	**-***9051	501C3	10,000				
(7)	NEW AMERICAN ASSOCIATION OF MASSACHUSETTS AKA: RCAM LYNN MA 01901	**-***2943	501C3	94,175				
(8)	NEW FLORIDA MAJORITY EDUCATION FUND 10800 BISCAYNE BLVD, SUITE 1050 MIAMI FL 33161-7566	**-***6785	501C3	50,000				
(9)	NEXT LEVEL SOCIAL IMPACT PARTNERS 74 PARK LANE CONCORD MA 01742-1620	**-***1583	501C3	25,000				

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SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization
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OMB No. 1545-0047
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(1)	NORTH SHORE ALLIANCE OF GAY & LESBIAN 2 EAST INDIA SQUARE SALEM MA 01970	**--***9331	501C3	20,000				
(2)	NORTH SHORE COMMUNITY ACTION PROGRAM 119 REAR FOSTER STREET, BLDG. 13 PEABODY MA 01960-5553	**--***5280	501C3	173,557				
(3)	NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD DANVERS MA 01923-0840	**--***5476	501C3	264,269				
(4)	NORTH SHORE COMMUNITY DEVELOPMENT 96 LAFAYETTE STREET SALEM MA 01970	**--***6893	501C3	76,000				
(5)	NORTH SHORE COMMUNITY HEALTH, INC. 47 CONGRESS STREET SALEM MA 01970	**--***0447	501C3	85,977				
(6)	NORTH SHORE WORKERS COMMUNITY FUND 112 EXCHANGE STREET LYNN MA 01901	**--***1441	501C3	221,000				
(7)	NORTHEAST HOSPITAL CORPORATION 133 BRIMBAL AVENUE BEVERLY MA 01915	**--***1317	501C3	25,000				
(8)	NORTHEAST LEGAL AID INC. 50 ISLAND STREET, STE 203A LAWRENCE MA 01840	**--***1007	501C3	25,000				
(9)	NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER VT 05602	**--***9039	501C3	6,000				

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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
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Name of the organization
ESSEX COUNTY COMMUNITY
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** - * * * * 7816

Part I General Information on Grants and Assistance

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

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(1)	NORTHSHORE EDUCATION CONSORTIUM 112 SOHIER ROAD BEVERLY MA 01915	** - ***6982	501C3	25,000				
(2)	NOTRE DAME CRISTO REY HIGH SCHOOL 303 HAVERHILL STREET LAWRENCE MA 01840	** - ***6284	501C3	32,000				
(3)	OCEAN RIVER INSTITUTE 12 ELIOT STREET CAMBRIDGE MA 02138	** - ***3235	501C3	10,000				
(4)	ONE MISSION INC 69 MILK STREET, SUITE 300 WESTBOROUGH MA 01581	** - ***1880	501C3	13,000				
(5)	OPEN DOOR CAPE ANN FOOD PANTRY, INC 28 EMERSON AVENUE GLOUCESTER MA 01930-2555	** - ***3482	501C3	115,000				
(6)	OUR NEIGHBOR'S TABLE 145 MAIN ST AMESBURY MA 01913	** - ***3941	501C3	8,000				
(7)	PARTNERS IN DEVELOPMENT, INC. 174 HIGH STREET, SUITE 106 IPSWICH MA 01938-0009	** - ***6583	501C3	20,000				
(8)	PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET, SUITE 1400 BOSTON MA 02199	** - ***7502	501C3	10,000				
(9)	PATHWAYS ADULT EDUCATION & TRAINING 300 THE LYNNWAY, SUITE 302 LYNN MA 01901	** - ***9573	501C3	26,022				

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SCHEDULE I
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Department of the Treasury
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Grants and Other Assistance to Organizations,
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Name of the organization

ESSEX COUNTY COMMUNITY
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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 ☐

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)	PATHWAYS FOR CHILDREN 29 EMERSON AVENUE GLOUCESTER MA 01930-2660	**-***4002	501C3	160,462				
(2)	PEABODY ESSEX MUSEUM MR. BRIAN KENNEDY SALEM MA 01970	**-***7815	501C3	150,000				
(3)	PEER HEALTH EXCHANGE 100 WEBSTER STREET, SUITE 300 OAKLAND CA 94607-3724	**-***4305	501C3	15,000				
(4)	PETTENGILL HOUSE 13 LAFAYETTE RD. SALISBURY MA 01952-0551	**-***7827	501C3	37,000				
(5)	PHILADELPHIANS ORGANIZED TO WITNESS 1429 N 11TH STREET PHILADELPHIA PA 19122-3410	**-***7457	501C3	25,000				
(6)	PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET, SUITE 802 BOSTON MA 02110-1712	**-***7605	501C3	25,000				
(7)	PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER NH 03833-2460		501C3	10,000				
(8)	PHOENIX CHARTER ACADEMY FOUNDATION PO BOX 170665 BOSTON MA 02117-0935	**-***1182	501C3	25,000				
(9)	PINGREE SCHOOL INC 537 HIGHLAND STREET SOUTH HAMILTON MA 01982	**-***9977	501C3	10,000				

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**SCHEDULE I
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2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
ESSEX COUNTY COMMUNITY
FOUNDATION, INC.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?
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(1)	PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM MA 01970	**--***4844	501C3	20,000				
(2)	POLICE ASSISTED ADDICTION AND RECOV 186 MAIN STREET, STE 34 GLOUCESTER MA 01930	**--***5159	501C3	50,000				
(3)	POSITIVE EXPOSURE PRODUCTIONS, INC. 43 EAST 20TH STREET, 6TH FLOOR NEW YORK NY 10003-1343	**--***6768	501C3	6,000				
(4)	PRESIDENT & TRUSTEES OF COLBY COLLEGE 4120 MAYFLOWER HILL DRIVE WATERVILLE ME 04901-8841	**--***1497	501C3	15,000				
(5)	PRESIDENT AND FELLOWS OF HARVARD CO 86 BRATTLE STREET CAMBRIDGE MA 02138	**--***3580	501C3	76,250				
(6)	PROFESSIONAL CENTER FOR HANDICAPPED 32 OSGOOD STREET ANDOVER MA 01810-5411	**--***0853	501C3	25,200				
(7)	PROTECT DEMOCRACY PROJECT 2020 PENNSYLVANIA AVENUE NW 163 WASHINGTON DC 20006-1811	**--***7062	501C3	60,000				
(8)	PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE RI 02914-1724	**--***8934	501C3	35,000				
(9)	RANGRIG YESHE, INC. 8874 LOVERS LANE ROAD CORFU NY 14036	**--***4841	501C3	7,600				

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SCHEDULE I
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Grants and Other Assistance to Organizations,
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2020

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Employer identification number

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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

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)	RAW ART WORKS 37 CENTRAL SQUARE, 2ND FLOOR LYNN MA 01901	**--***4850	501C3	40,000				
(2)	REPRESENTUS EDUCATION FUND 296 NONOTUCK STREET, SUITE 3 FLORENCE MA 01062-2674	**--***8283	501C3	25,000				
(3)	RIAN IMMIGRANT CENTER INC. ONE STATE STREET, SUITE 800 BOSTON MA 02109	**--***3382	501C3	50,000				
(4)	RISE ABOVE FOUNDATION PO BOX 174 NORTHBRIDGE MA 01534-0174	**--***9946	501C3	15,000				
(5)	ROOT NS, INC. SHETLAND PARK SALEM MA 01970	**--***4938	501C3	177,000				
(6)	ROZALIA PROJECT PO BOX 75 GRANVILLE VT 05747	**--***4099	501C3	7,000				
(7)	SALEM MISSION INC. AKA LIFEBRIDGE SALEM MA 01970	**--***9306	501C3	17,000				
(8)	SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM MA 01970	**--***0632	501C3	140,000				
(9)	SAMARITANS, INC 25 ROXBURY STREET, SUITE 113 KEENE NH 03431-3286	**--***6727	501C3	20,000				

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Inspection**Department of the Treasury
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ESSEX COUNTY COMMUNITY
FOUNDATION, INC.Employer identification number
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(1)	SENIORCARE, INC 49 BLACKBURN CENTER GLOUCESTER MA 01930	**--***2171	501C3	10,000				
(2)	SHARING FOUNDATION PO BOX 600 CONCORD MA 01742	**--***8534	501C3	16,000				
(3)	SOUTH CHURCH IN ANDOVER 41 CENTRAL STREET ANDOVER MA 01810		501C3	33,000				
(4)	ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS MA 01923		501C3	28,000				
(5)	ST. JOSEPH SCHOOL 114 LINCOLN AVENUE ROUND LAKE IL 60073-3509	**--***3446	501C3	15,000				
(6)	SUENOS BASKETBALL 2 LINDEN STREET ANDOVER MA 01841	**--***0840	501C3	6,000				
(7)	SUSTAINABLE CAPE-CENTER FOR AGRICULTURE PO BOX 1004, 8 TRURO CENTER ROAD TRURO MA 02666	**--***9981	501C3	10,000				
(8)	TECH GOES HOME INCORPORATED 867 BOYLSTON STREET, 5TH FLOOR BOSTON MA 02116-2774	**--***9591	501C3	50,000				
(9)	THE FOOD PROJECT - NORTH SHORE 120 MUNROE STREET LYNN MA 01901	**--***2532	501C3	22,500				

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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Internal Revenue ServiceName of the organization
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2020**Open to Public
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(1)	THE SALEM PANTRY PO BOX 295 SALEM MA 01970	* * - * * * 1756	501C3	28,000				
(2)	THREE SISTERS GARDEN PROJECT INC 10 JEFFERY'S NECK ROAD IPSWICH MA 01938	* * - * * * 4854	501C3	10,000				
(3)	TIMANOUS FOUNDATION 23 PAWSON ROAD BRANFORD CT 06405	* * - * * * 0434	501C3	6,500				
(4)	TLE CENTER FOR URBAN ENTREPRENEURSH 75 ARLINGTON STREET, SUITE 500 BOSTON MA 02116-3986	* * - * * * 4656	501C3	80,000				
(5)	TOWN OF GEORGETOWN COUNCIL ON AGING GEORGETOWN MA 01833		GOV	15,000				
(6)	TOWN OF NORTH ANDOVER 120 MAIN STREET NORTH ANDOVER MA 01845		GOV	150,000				
(7)	TRAUMA INTERVENTION PROGRAM OF MERR 299 S MAIN STREET ANDOVER MA 01810-4922	* * - * * * 6999	501C3	68,127				
(8)	TROUT UNLIMITED INC 177 OAK STREET WAKEFIELD MA 01880	* * - * * * 2715	501C3	9,000				
(9)	TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE, 4TH FLOOR BOSTON MA 02215-1390	* * - * * * 3547	501C3	86,115				

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) (2020)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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)	TRUSTEES OF RESERVATIONS 200 HIGH STREET 4TH FLOOR BOSTON MA 02110	**--***5780	501C3	35,000				
(2)	TUFTS MEDICAL CENTER / REID R SACCO 800 WASHINGTON STREET BOSTON MA 02111	**--***0022	501C3	125,000				
(3)	UNIVERSITY OF MASSACHUSETTS AMHERST 243 WHITMORE BUILDING AMHERST MA 01003	**--***4125	501C3	6,000				
(4)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL CHAPEL HILL NC 27599	**--***1393	501C3	10,000				
(5)	URBAN VILLAGE MONTESSORI 26 WHITE STREET HAVERHILL MA 01830-5702	**--***1718	501C3	15,000				
(6)	VNA CARE NETWORK INC. 199 ROSEWOOD DRIVE, SUITE 180 DANVERS MA 01923	**--***3825	501C3	20,401				
(7)	WALDORF SCHOOL AT MORaine FARM 701 CABOT STREET BEVERLY MA 01915	**--***1201	501C3	56,000				
(8)	WALKER SCHOOL 1968 CENTRAL AVENUE NEEDHAM MA 02492	**--***1186	501C3	15,000				
(9)	WELCOME IMMIGRANT NETWORK 15 WARREN STREET PEABODY MA 01960	**--***0713	501C3	58,000				

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

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

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

DAA

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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)	WELLSPRING HOUSE INC. 302 ESSEX AVENUE GLOUCESTER MA 01930	**--***5048	501C3	91,000				
(2)	WHEATON COLLEGE 26 E MAIN STREET NORTON MA 02766-2311	**--***3638	501C3	25,000				
(3)	WOODWELL CLIMATE RESEARCH CENTER 149 WOODS HOLE ROAD FALMOUTH MA 02540	**--***5094	501C3	20,000				
(4)	YMCA NORTH SHORE - GLEN T. MACLEOD 7 GLOUCESTER CROSSING ROAD GLOUCESTER MA 01930	**--***4913	501C3	75,000				
(5)	YMCA OF METRO NORTH 2 CENTENNIAL DRIVE, SUITE 4A PEABODY MA 01960	**--***5883	501C3	70,000				
(6)	YMCA OF THE NORTH SHORE INC. THE CUMMINGS CENTER BEVERLY MA 01915	**--***4913	501C3	100,000				
(7)	YMCAS OF THE USA 101 NORTH WACKER DRIVE CHICAGO IL 60606	**--***8696	501C3	10,000				
(8)	YOUTH DEVELOPMENT ORGANIZATION, INC 15 UNION STREET #563 LAWRENCE MA 01840	**--***1721	501C3	59,350				
(9)	YWCA NEWBURYPORT 13 MARKET STREET NEWBURYPORT MA 01950	**--***3678	501C3	51,325				

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.

Schedule I (Form 990) (2020)

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, INC.

OMB No. 1545-0047

2020

Open to Public
Inspection

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)	YWCA NORTHEASTERN MASSACHUSETTS 38 LAWRENCE STREET LAWRENCE MA 01840	**--***0847	501C3	12,000				
(2)								
(3)								
(4)								
(5)								
(6)								
(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.

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

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

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

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

WE MONITOR GRANT USE PRIMARILY THROUGH A FINAL REPORT DUE USUALLY 13 MONTHS AFTER THE INITIAL AWARD. THE FINAL REPORT REQUIRES A LIST OF ALL EXPENSES TO THE GRANT. IN THE CASE OF MULTIPLE YEAR GRANTS, WE REQUIRE INTERIM REPORTS EACH YEAR PRIOR TO RELEASING THE NEXT GRANT. WE GENERALLY CONDUCT SITE VISITS TO THE PROGRAM PRIOR TO MAKING A GRANT.

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

Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**ESSEX COUNTY COMMUNITY
FOUNDATION, INC.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.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part II 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	M ELIZABETH FRANCIS PRESIDENT AND CEO	(i)	183,077	0	0	0	188,928	0
		(ii)	0	0	0	0	0	0
2	STRATTON LLOYD COO	(i)	149,609	0	0	18,570	168,179	0
		(ii)	0	0	0	0	0	0
3		(i)						
		(ii)						
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		(ii)						
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		(ii)						
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		(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 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

2020**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

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

Employer identification number

-*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	50	8,237,432	QUOTED 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	X	1	1,754,609	APPRAISED VALUE
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) 2020

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.

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SCHEDULE O
(Form 990 or 990-EZ)**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.

OMB No. 1545-0047

2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.Name of the organization **ESSEX COUNTY COMMUNITY
FOUNDATION, INC.**Employer identification number
**** - *** 7816****FORM 990 - ORGANIZATION'S MISSION**

TO INSPIRE PHILANTHROPY THAT STRENGTHENS THE 34 CITIES AND TOWNS OF ESSEX COUNTY. THIS WORK IS 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.

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

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

Name of the organization

ESSEX COUNTY COMMUNITY

Employer identification number

-*7816

PUBLISHED ON THE ORGANIZATION WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

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

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS \$ -308,166

GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS \$ 254,995

NET DISTRIBUTIONS TO AGENCY ENDOWMENT FUNDS \$ 0

TOTAL \$ -53,171

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

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

Employer identification number

-*7816

OMB No. 1545-0047

2020

Open to Public
Inspection

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

(1)	(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.

	(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
(1)								
(2)								
(3)								
(4)								
(5)								

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

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) Dispro- portionate alloc.? <div>Yes No</div>		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <div>Yes No</div>	(k) Percentage ownership
(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? <div>Yes No</div>	
(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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

	(a) 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.

-5-

Form **8621**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Information Return by a Shareholder of a Passive Foreign
Investment Company or Qualified Electing Fund**► Go to www.irs.gov/form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment
Sequence No. **69**

Name of shareholder

ESSEX COUNTY COMMUNITY
FOUNDATION, INC.

Identifying number (see instructions)

-*7816

Number, street, and room or suite no. If a P.O. box, see instructions.

175 ANDOVER STREET, SUITE 101

Shareholder tax year: calendar year 20

or other tax year

beginning 07/01/20 and ending 06/30/21

City or town, state, and ZIP code or country

DANVERS

MA 01923

US

Check type of shareholder filing the return: ☐ Individual ☒ Corporation ☐ Partnership ☐ S Corporation ☐ Nongrantor Trust ☐ EstateCheck if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions ☐

Qualifying Insurance Corporation Election—I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying

Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions ☐

Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)

CARDINALOPS, LTD

Employer identification number (if any)

Address (Enter number, street, city or town, and country.)

16 ANDERSEN

TEL AVIV

IL ISRAEL

6910713

Reference ID number (see instructions)

CARDINADLOPSLTD

Tax year of foreign corporation, PFIC, or QEF: calendar year

or other tax year beginning 02/04/20

and ending 12/31/20

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: SERIES SEED PREFERRED
☐ Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: 02/19/20
- 3 Number of shares held at the end of the tax year: 87.416
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
(a) ☒ \$0-50,000 (b) ☐ \$50,001-100,000 (c) ☐ \$100,001-150,000 (d) ☐ \$150,001-200,000
(e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
(a) ☐ Section 1291 \$ _____
(b) ☒ Section 1293 (Qualified Electing Fund) \$ 4
(c) ☐ Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A ☐ **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B ☐ **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C ☐ **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D ☐ **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E ☐ **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F ☐ **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G ☐ **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H ☐ **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **8621** (Rev. 12-2018)

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a Enter your pro rata share of the ordinary earnings of the QEF	6a	4	6c
b Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b		
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	7a		
7a Enter your pro rata share of the total net capital gain of the QEF	7a		7c
b Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b		
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions			

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a Add lines 6c and 7c	8a	
b Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b	
c Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c	
d Add lines 8b and 8c	8d	
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.	8e	
9a Enter the total tax for the tax year. See instructions	9a	
b Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b	
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions	9c	

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b Enter your adjusted basis in the stock at the end of the tax year	10b	
c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c	
11 Enter any unreversed inclusions (as defined in section 1296(d))	11	
12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12	
13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a Enter the fair market value of the stock on the date of sale or disposition	13a	
b Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c	
14a Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	
c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c	

Note: See instructions in case of multiple sales or dispositions.

Form **8621**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Information Return by a Shareholder of a Passive Foreign
Investment Company or Qualified Electing Fund**

► Go to www.irs.gov/form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment
Sequence No. **69**

Name of shareholder ESSEX COUNTY COMMUNITY FOUNDATION, INC.	Identifying number (see instructions) * * - * * * 7816
Number, street, and room or suite no. If a P.O. box, see instructions. 175 ANDOVER STREET, SUITE 101	Shareholder tax year: calendar year 20 or other tax year beginning 07/01/20 and ending 06/30/21
City or town, state, and ZIP code or country	

DANVERS MA 01923 US

Check type of shareholder filing the return: ☐ Individual ☒ Corporation ☐ Partnership ☐ S Corporation ☐ Nongrantor Trust ☐ Estate

Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions ☐

Qualifying Insurance Corporation Election—I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions ☐

Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) XSIGHT LABS LTD	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) LESHEM 1 KIRYAT GAT IL ISRAEL 6910713	Reference ID number (see instructions) XSIGHTLABSLTD Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/20 and ending 12/31/20

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- Description of each class of shares held by the shareholder: **SERIES C PREFERRED**
☐ Check if shares jointly owned with spouse.
- Date shares acquired during the tax year, if applicable: **02/14/20**
- Number of shares held at the end of the tax year: **352.582**
- Value of shares held at the end of the tax year (check the appropriate box, if applicable):
(a) ☒ \$0-50,000 (b) ☐ \$50,001-100,000 (c) ☐ \$100,001-150,000 (d) ☐ \$150,001-200,000
(e) If more than \$200,000, list value: _____
- Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
(a) ☐ Section 1291 \$ _____
(b) ☒ Section 1293 (Qualified Electing Fund) \$ **9**
(c) ☐ Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- ☐ **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- ☐ **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- ☐ **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- ☐ **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- ☐ **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- ☐ **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- ☐ **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- ☐ **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **8621** (Rev. 12-2018)

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a Enter your pro rata share of the ordinary earnings of the QEF	6a	8	
b Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b		
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6c
7a Enter your pro rata share of the total net capital gain of the QEF	7a		
b Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b		
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions			7c
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.			
8a Add lines 6c and 7c			8a
b Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b		
c Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d Add lines 8b and 8c			8d
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.			8e
9a Enter the total tax for the tax year. See instructions	9a		
b Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b		
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions			9c

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b Enter your adjusted basis in the stock at the end of the tax year	10b	
c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11		10c
11 Enter any unreversed inclusions (as defined in section 1296(d))		11
12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return		12
13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a Enter the fair market value of the stock on the date of sale or disposition	13a	
b Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14		13c
14a Enter any unreversed inclusions (as defined in section 1296(d))		14a
b Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c		14b
c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations		14c

Note: See instructions in case of multiple sales or dispositions.

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

MAURA HEALEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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

Form PC

Report for the Fiscal Period: 07/01/2020 to 06/30/2021

AG Account #: 037581 Federal ID #: ** - *** 7816

Electronic Payment Confirmation #: _____
Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

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

Has the organization applied for or been
granted IRS tax exempt status?

☒ Yes ☐ No

If yes, date of application OR date of determination letter: 06/01/1998

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?

☒ Yes ☐ No

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

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

Organization Data

ESSEX COUNTY COMMUNITY
Name: FOUNDATION, INC.

Mailing Address: 175 ANDOVER STREET, SUITE 101

City: DANVERS State: MA Zip: 01923

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

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

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

Category	Code	Category	Code
County (Table 1)	<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

1022

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

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

2. Where was the organization created? MASSACHUSETTS

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

Corporation ☒

Testamentary Trust ☐

Unincorporated Association ☐

Inter Vivos Trust ☐

Other (please describe): _____

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

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	26,469,643
B.	Gross support and revenue	28,362,126
C.	Program services and similar amounts paid out	19,744,116
D.	Fundraising expenses	300,628
E.	Management and general expenses	977,886
F.	Payments to affiliates	
G.	Total expenses	21,022,630
H.	Net assets or fund balances at the end of the year	107,604,448

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.	M. ELIZABETH FRANCIS PRESIDENT AND CEO	40.00	178,654	5,400	451
2.	STRATTON C. LLOYD COO AND EVP	40.00	157,887	4,774	13,796
3.	CAROL SCHUSTER VICE PRESIDENT	40.00	108,416	3,278	13,741
4.	STACEY LANDRY DIR. STRATEGIC GIVIN	40.00	117,893	3,792	431
5.	CRYSTAL BATES DIR DEVELOPMENT	40.00	94,322	2,852	9,351

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

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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.	JOHN KANIA	187,500	PROGRAM MGMT
2.	JUANITA ZERDA	97,162	PROGRAM MGMT
3.	KAREN RISTUBEN	83,851	PROGRAM COORDIN
4.	REBECCA TURNER	53,445	IFT MANAGER
5.	KATHLEEN MACHET	48,860	PROGRAM MGMT

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
PEOPLES BANK	25 RAILROAD AVENUE SOUTH HAMILTON MA 01982	800-894-0300
FIDELITY BROKERAGE SERVICES	82 DEVONSHIRE STREET BOSTON MA 02110	800-544-6666

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

☐ Other (specify): _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: ALLAN HUNTLEY

Street Address: 175 ANDOVER ST

City: DANVERS State: MA Zip Code: 01923

Phone Number: _____

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: ALLAN HUNTLEY

Title: ASSISTANT TREASURER

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 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 _____

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.

ECCE

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 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 _____

Certification by Organization

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

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

Signature: _____ Date: _____

Printed Name: ALLAN HUNTLEY

Title: ASSISTANT TREASURER

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 06/30/2021	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: M. ELIZABETH FRANCIS		Title: PRESIDENT & CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	178,654	5,400	451

Name: STRATTON LLOYD		Title: COO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	157,887	4,774	13,796

Name: CAROL LAVOIE SCHUSTER		Title: VP OF PHILANTHROPY	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	108,416	3,278	13,741

Name: STACEY LANDRY		Title: DIR. OF STRATEGIC GI	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ECCF	117,893	3,792	431

Name: CRYSTAL BATES		Title: DIRECTOR OF DEVELOPM	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
ESSEX COUNTY COMMUNITY FOUNDAT	94,322	2,852	9,351

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

☒ Yes☐ No

Massachusetts Statements

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

Name	Title	Address	City	State	Zip Code
MOIRA MCNAMARA JAMES	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
JAMES A. RULLO	TRUSTEET	175 ANDOVER ST	DANVERS	MA	01923
RICHARD YAGJIAN	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ROBERT GOLDMAN	CLERK	175 ANDOVER ST	DANVERS	MA	01923
BEN LANGILLE	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
JOHN COLUCCI	CHAIRMAN	175 ANDOVER ST	DANVERS	MA	01923
RICHARD SUMBERG	TRUSTEE	175 ANDOVER STREET, SUITE 101	DANVERS	MA	01923
ROBERT GORE	TRUSTEE	175 ANDOVER STREET	DANVERS	MA	01923
CHRISTINE ORTIZ	TRUSTEE	175 ANDOVER STREET	DANVERS	MA	01923
DEREK REED	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
JEAN VERBRIDGE	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
PAMELA SCOTT	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ALLAN HUNTLEY	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ANITA WORDEN	ASSISTANT TR	175 ANDOVER ST	DANVERS	MA	01923
ANA COLMENERO	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
STEPHEN COHEN	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
ROBERT R. FANNING, JR.	TRUSTEE	175 ANDOVER STREET	DANVERS	MA	01923
	TREASURER	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
ELIZABETH MOULTON	TRUSTEE	175 ANDOVER ST	DANVERS	MA	01923
M ELIZABETH FRANCIS	PRESIDENT AN	175 ANDOVER ST	DANVERS	MA	01923
STRATTON LLOYD	COO	175 ANDOVER STREET	DANVERS	MA	01923

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

Name	Title	Address	City	State	Zip
BETH FRANCIS	PRESIDENT AND CEO	175 ANDOVER ST	DANVERS	MA	01923
STRATTON LLOYD	COO AND EVP	175 ANDOVER ST	DANVERS	MA	01923
STACEY LANDRY	DIR. OF STRAT. GIVIN	175 ANDOVER ST	DANVERS	MA	01923
CAROL SCHUSTER	VP FOR GRANTS	175 ANDOVER ST	DANVERS	MA	01923
CRYSTAL BATES	DIR. OF DEVELOPMENT	175 ANDOVER ST	DANVERS	MA	01923
J. BRITTON HUTCHINS	CFO	175 ANDOVER ST	DANVERS	MA	01923

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

QUESTION 24H

M. ELIZABETH FRANCIS, PRESIDENT AND CEO
175 ANDOVER STREET
DANVERS, MA 01923
WAGES AND BENEFITS PAID \$184,505
APPROVED BY THE BOARD OF DIRECTORS

STRATTON C. LLOYD, COO AND EVP
175 ANDOVER STREET
DANVERS, MA 01923
WAGES AND BENEFITS PAID \$176,457
APPROVED BY THE BOARD OF DIRECTORS

SEVERAL OF THE FOUNDATION'S BOARD MEMBERS SIT ON THE BOARDS OF ORGANIZATIONS THAT RECEIVED GRANTS FROM THE FOUNDATION. THE TOTAL OF SUCH GRANTS WAS \$2,551,736. THE FOUNDATION'S BOARD MEMBERS ABSTAINED FROM VOTING ON ANY GRANT TO A RELATED ORGANIZATION.

Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return

2020

For calendar year 2020 or taxable year beginning 07/01/2020 and ending 06/30/2021

Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.

Name ESSEX COUNTY COMMUNITY FOUNDATION, INC. Federal identification number **-***7816

Mailing address

175 ANDOVER STREET, SUITE 101

City/Town

DANVERS

State

MA

Zip

01923

Phone number

978-777-8876

Name of treasurer

ROBERT R. FANNING, J.R.

Check if a Taxpayer Disclosure Statement is enclosed

☐

Check if

☐ Amended return (see instructions) ☐ Federal amendment ☐ Federal audit ☐ Final return ☐ Enclosing Schedule FCI

Check if

☒ 501 ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a)

Check if

☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, Schedule A, line 18) See instructions	▶ 1	<input type="text"/>
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	<input type="text"/>
3	Section 168(k) "bonus" depreciation adjustment	▶ 3	<input type="text"/>
4	Section 31I and 31K intangible expense add back adjustment	▶ 4	<input type="text"/>
5	Federal NOL add back adjustment (from U.S. Form 990T, Schedule A, line 17) See instructions	▶ 5	<input type="text"/>
6	Section 31J and 31K interest expense add back adjustment	▶ 6	<input type="text"/>
7	Reserved for future use	▶ 7	<input type="text"/>
8	Abandoned Building Renovation deduction	Total cost <input type="text"/> × .10 =	▶ 8 <input type="text"/>
9	Other adjustments, including research and development expenses (enclose explanation)	▶ 9	<input type="text"/>
10	Income subject to apportionment. See instructions	▶ 10	<input type="text"/>
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	<input type="text" value="1.0000"/>
12	Multiply line 10 by line 11	▶ 12	<input type="text"/>
13	Income not subject to apportionment	▶ 13	<input type="text"/>
14	Add lines 12 and 13	▶ 14	<input type="text"/>
15	Certified Massachusetts solar or wind power deduction	▶ 15	<input type="text"/>
16	Taxable income before net operating loss deduction	▶ 16	<input type="text"/>

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions)

Date

Phone

Signature of paid preparer

Date

Employer identification number

Address

James C. Andrews 9/20/21 P00514653 1115 WESTFORD STREET, 3RD FLOOR
LOWELL, MA 01851-2701

If you are signing as an authorized delegate of the appropriate corporate officer, check box ☐ and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.

2020 FORM M-990T, PAGE 2

Name of company

Federal identification number

ESSEX COUNTY COMMUNITY

-*7816

Excise calculation (cont'd.)

17	Loss carryover deduction (from Schedule NOL)	▶ 17	<input type="text"/>
18	Taxable income. Subtract line 17 from line 16	▶ 18	<input type="text"/>
19	Multiply line 18 by .08	19	<input type="text"/>
20	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales. See instructions	▶ 20	<input type="text"/>
21	Excise due before credits. Add lines 19 and 20	21	<input type="text"/>

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

22	Total credits. Enclose Schedule CMS	▶ 22	<input type="text"/>
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Excise after credits

23	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	<input type="text"/>
24	Voluntary contribution for endangered wildlife conservation	▶ 24	<input type="text"/>
25	Total excise plus voluntary contribution. Add lines 23 and 24	▶ 25	<input type="text"/>

Payments

26	2019 overpayment applied to 2020 estimated tax	▶ 26	<input type="text"/>
27	2020 Massachusetts estimated tax payments (do not include amount in line 26)	▶ 27	<input type="text"/>
28	Payment made with extension	▶ 28	<input type="text"/>
29	Payment with original return. Use only if amending a return	▶ 29	<input type="text"/>
30	Pass-through entity withholding	Payer identification number ▶ <input type="text"/>	▶ 30 <input type="text"/>
31	Total refundable credits. Enclose Schedule CMS	▶ 31	<input type="text"/> 50,000
32	Total payments. Add lines 26 through 31	32	<input type="text"/> 50,000

Refund or balance due

33	Amount overpaid. Subtract line 25 from line 32	33	<input type="text"/> 50,000
34	Amount overpaid to be credited to 2021 estimated tax	▶ 34	<input type="text"/>
35	Amount overpaid to be refunded. Subtract line 34 from line 33	▶ 35	<input type="text"/> 50,000
36	Balance due. Subtract line 32 from line 25	▶ 36	<input type="text"/>
37a	M-2220 penalty	▶ 37a	<input type="text"/>
37b	Other penalties	▶ 37b	<input type="text"/>
37	Total penalty. Add lines 37a and 37b	37	<input type="text"/>
38	Interest on unpaid balance	▶ 38	<input type="text"/>
39	Total payment due at time of filing	▶ 39	<input type="text"/>

Massachusetts Statements

FYE: 6/30/2021

Form M-990T - General FootnoteDescription

CREDIT CERTIFICATE NUMBER: 0723V115010

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Telephone: (617) 727-9640

ANNUAL REPORT

Filing Fee: \$15.00

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

IDENTIFICATION

Filing for November 1, 20 21

NO. 04-3407816

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

1. NAME: Essex County Community Foundation, Inc.

2. ADDRESS: 175 Andover Street, Suite 101

Danvers, MA 01923

(number)

(street)

(city or town)

(state)

(zip)

3. DATE OF THE LAST ANNUAL MEETING: _____

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

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

OR

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

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

NAME OF OFFICE	NAME	ADDRESSES 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:	Allan Huntley	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 21.

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, 2021

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

John Colucci, Chair
175 Andover Street
Danvers, MA 01923

Allan Huntley, Treasurer
175 Andover Street
Danvers, MA 01923

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

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

Richard Yagjian, Trustee
175 Andover Street
Danvers, MA 01923

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

Ben Langille, Trustee
175 Andover Street
Danvers, MA 01923

Pamela Scott, Trustee
175 Andover Street
Danvers, MA 01923

Jean Verbridge, Trustee
175 Andover Street
Danvers, MA 01923

Derek Reed, Trustee
175 Andover Street
Danvers, MA 01923

Anita Wordan, Trustee
175 Andover Street
Danvers, MA 01923