

Form **990**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23**

<b>B</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	<b>C</b> Name of organization ESSEX COUNTY COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 175 ANDOVER STREET, SUITE 101 City or town, state or province, country, and ZIP or foreign postal code DANVERS MA 01923	<b>D</b> Employer identification number 04-3407816 <b>E</b> Telephone number 978-777-8876 <b>G</b> Gross receipts\$ 48,052,624
<b>F</b> Name and address of principal officer: M ELIZABETH FRANCIS 175 ANDOVER ST DANVERS MA 01923		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number
<b>J</b> Website: WWW.ECCF.ORG		<b>L</b> Year of formation: 1998 <b>M</b> State of legal domicile: MA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	24
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	79
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0
<b>Revenue</b>		Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)	23,527,609	18,558,566
	<b>9</b> Program service revenue (Part VIII, line 2g)	344,573	669,829
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,542,065	3,447,628
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,414,247	22,676,023
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,399,277	18,121,246
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,658,844	2,028,127
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,038,343	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,407,972	2,586,321
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,466,093	22,735,694
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,948,154	-59,671
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	116,029,343	126,649,132
	<b>21</b> Total liabilities (Part X, line 26)	18,186,798	22,783,442
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	97,842,545	103,865,690

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>ALLAN HUNTLEY</u> Type or print name and title	Date	Treasurer
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JAYNE A. ANDREWS	Preparer's signature JAYNE A. ANDREWS	Date 10/31/23
	Firm's name ANSTISS & CO., P.C.	Firm's EIN 04-2917204	Check <input type="checkbox"/> if self-employed PTIN P00514653
	Firm's address 6 OMNI WAY STE 201 CHELMSFORD, MA 01824-4187	Phone no. 978-452-2500	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] 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 [X] 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 \$ 20,323,066 including grants of \$ 18,121,246 ) (Revenue \$ 669,829 ) 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 20,323,066

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
25b			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
26			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
27			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			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	
33		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
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			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>		
35b			
36	<b>Section 501(c)(3) organizations.</b> 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
36			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
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
38		X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			85
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	24		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>16b</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?	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  
 ESSEX COUNTY COMMUNITY FOUNDATION, 175 ANDOVER STREET  
 DANVERS MA 01923 978-777-8876

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOIRA MCNAMARA	JAMES									
CHAIR OF DEVELOPMENT	1.00 0.00	X						0	0	
(2) JAMES A. RULLO	1.00 0.00	X						0	0	
CHAIR OF INVESTMENT	1.00 0.00	X						0	0	
(3) RICHARD YAGJIAN	1.00 0.00	X						0	0	
TRUSTEE	1.00 0.00	X						0	0	
(4) ROBERT GOLDMAN	1.00 0.00	X		X				0	0	
CLERK	1.00 0.00	X		X				0	0	
(5) BEN LANGILLE	1.00 0.00	X						0	0	
TRUSTEE	1.00 0.00	X						0	0	
(6) JOHN COLUCCI	2.00 0.00	X		X				0	0	
CHAIRMAN	2.00 0.00	X		X				0	0	
(7) RICHARD SUMBERG	1.00 0.00	X		X				0	0	
CHAIR OF GOVERNANCE	1.00 0.00	X		X				0	0	
(8) ROBERT GORE	1.00 0.00	X						0	0	
TRUSTEE	1.00 0.00	X						0	0	
(9) CHRISTINE ORTIZ	1.00 0.00	X						0	0	
TRUSTEE	1.00 0.00	X						0	0	
(10) PATRICIA FAE HO	1.00 0.00	X						0	0	
TRUSTEE	1.00 0.00	X						0	0	
(11) DEAN MARSH	1.00 0.00	X						0	0	
TRUSTEE	1.00 0.00	X						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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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 ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(13) ALLAN HUNTLEY ..... TREASURER	1.00 ..... 0.00	X		X				0	0	0
(14) ANITA WORDEN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(15) ANA COLMENERO ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(16) KIAME MAHANIAH ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(17) JON PAYSON ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(18) AMY KINGMAN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(19) M ELIZABETH FRANCIS ..... PRESIDENT AND CEO	40.00 ..... 0.00			X				204,538	0	7,033
<b>1b Subtotal</b> .....								204,538		7,033
<b>c Total from continuation sheets to Part VII, Section A</b> .....								502,750		75,609
<b>d Total (add lines 1b and 1c)</b> .....								707,288		82,642

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

Check 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,370,569			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,187,997			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,653,076			
	<b>h Total.</b> Add lines 1a-1f		18,558,566			
	<b>Program Service Revenue</b>	<b>2a</b> BLUEFIN BLOWOUT	Business Code 900099	440,117	440,117	
<b>b</b> OTHER EVENTS			142,524	142,524		
<b>c</b> REID R. SACCO AYA CANCER FU			85,992	85,992		
<b>d</b> PROGRAM SERVICE FEES			1,196	1,196		
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			669,829			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,629,892		2,629,892	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		26,194,337		
		(ii) Other				
		<b>7a</b>		26,194,337		
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>		25,376,601		
<b>c</b> Gain or (loss)	<b>7c</b>		817,736			
<b>d</b> Net gain or (loss)			817,736			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		22,676,023	669,829	0	3,447,628	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,078,746	18,078,746		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	42,500	42,500		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	420,675	117,789	201,924	100,962
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,327,816	371,789	637,352	318,675
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,878	11,726	20,101	10,051
<b>9</b> Other employee benefits	105,647	29,581	50,711	25,355
<b>10</b> Payroll taxes	132,111	36,991	63,413	31,707
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	18,249		18,249	
<b>c</b> Accounting	25,015		25,015	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	21,326		21,326	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	553,769	446,432	106,453	884
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	192,097	53,787	92,207	46,103
<b>14</b> Information technology	96,835	27,114	46,481	23,240
<b>15</b> Royalties				
<b>16</b> Occupancy	108,959	30,509	52,300	26,150
<b>17</b> Travel	23,554	6,595	11,306	5,653
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	56,544	56,544		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	4,222	1,182	2,027	1,013
<b>23</b> Insurance	7,665	2,146	3,679	1,840
<b>24</b> 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.)				
<b>a</b> PROJECT SUPPORT	1,009,635	1,009,635		
<b>b</b> PROGRAM EVENT EXPENSES	446,710			446,710
<b>c</b> PROFESSIONAL DEVELOPMENT	21,741		21,741	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,735,694	20,323,066	1,374,285	1,038,343
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	2,028,422	1	683,632
	2	Savings and temporary cash investments	16,256	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	317,505	4	1,318,098
	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	17,334	9	47,748
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,065		
	b	Less: accumulated depreciation	10b 64,862	10c	11,203
	11	Investments—publicly traded securities	113,635,965	11	124,511,876
	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	76,575
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	116,029,343	16	126,649,132	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	179,709	17	223,451
	18	Grants payable	344,566	18	2,967,761
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,662,523	25	19,592,230
	26	<b>Total liabilities.</b> Add lines 17 through 25	18,186,798	26	22,783,442
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	91,261,580	27	96,590,180
	28	Net assets with donor restrictions	6,580,965	28	7,275,510
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	97,842,545	32	103,865,690
33	<b>Total liabilities and net assets/fund balances</b>	116,029,343	33	126,649,132	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,676,023
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,735,694
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-59,671
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	97,842,545
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,975,588
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	107,228
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	103,865,690

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
<b>b</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	X	

**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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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 COO	40.00 0.00			X				155,846	0	20,064
(21) STACEY LANDRY VP OF ADVANCEMENT	40.00 0.00					X		130,787	0	18,401
(22) CAROL SCHUSTER VP OF PROGRAMS	40.00 0.00					X		106,562	0	18,524
(23) J. BRITTON HUTCHINS CFO	32.00 0.00					X		109,555	0	18,620
(24) LANE GLENN TRUSTEE	1.00 0.00	X						0	0	0
<b>1b Subtotal</b>								502,750		75,609
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization <b>ESSEX COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>04-3407816</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,882,258	23,816,873	12,947,079	14,427,769	10,139,947	73,213,926
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	11,882,258	23,816,873	12,947,079	14,427,769	10,139,947	73,213,926
<b>5</b> 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)						2,840,846
<b>6</b> Public support. Subtract line 5 from line 4						70,373,080

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	11,882,258	23,816,873	12,947,079	14,427,769	10,139,947	73,213,926
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,724,532	1,990,415	1,716,037	1,993,842	2,629,892	10,054,718
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						83,268,644

**12** Gross receipts from related activities, etc. (see instructions) 12 1,193,325

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	84.51 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	85.57 %

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described on 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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017 .....			
b From 2018 .....			
c From 2019 .....			
d From 2020 .....			
e From 2021 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 .....			
b Excess from 2019 .....			
c Excess from 2020 .....			
d Excess from 2021 .....			
e Excess from 2022 .....			

**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

\$ 0

\$ 0

\$ 0

\$ 0

\$ 4,200,000

\$ 1,000,000

\$ 0

\$ 3,218,619

\$ 0

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury  
Internal Revenue Service

**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 <b>ESSEX COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>04-3407816</b>
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**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)				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		0													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		0													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		0													
<b>d</b> Other exempt purpose expenditures .....		22,735,694													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		22,735,694													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures				0	
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures				0	

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

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Series of horizontal dotted lines for providing supplemental information.





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

2022

Open to Public Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures.

**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 .....	22,286,942	26,640,252	21,565,127	18,220,585	15,207,086
b Contributions .....	742,461	903,050	904,229	2,522,278	589,908
c Net investment earnings, gains, and losses .....	2,335,583	-3,500,248	5,663,376	719,373	967,876
d Grants or scholarships .....				928,131	902,423
e Other expenditures for facilities and programs .....	-1,545,760	-1,756,112	-1,492,480	-795,154	-2,358,138
f Administrative expenses .....					
g End of year balance .....	23,819,226	22,286,942	26,640,252	21,329,259	18,220,585

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **69.45 %**
  - b Permanent endowment **22.99 %**
  - c Term endowment **7.56 %**
- 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:
- |                                   | Yes | No |
|-----------------------------------|-----|----|
| (i) Unrelated organizations ..... |     | X  |
| (ii) Related organizations .....  |     | X  |
- 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 .....		76,065	64,862	11,203
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,203

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	17,636,831
(3) FUNDS HELD FOR OTHERS	1,878,824
(4) OPERATING LEASE LIABILITY	76,575
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,592,230

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	27,935,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	5,975,588	
	b Donated services and use of facilities	2b	6,410	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	5,981,998
3	Subtract line 2e from line 1		3	21,953,511
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	21,326	
	b Other (Describe in Part XIII.)	4b	701,186	
	c Add lines 4a and 4b		4c	722,512
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	22,676,023

**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	21,912,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	6,410	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	6,410
3	Subtract line 2e from line 1		3	21,905,954
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	21,326	
	b Other (Describe in Part XIII.)	4b	808,414	
	c Add lines 4a and 4b		4c	829,740
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	22,735,694

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

ESSEX COUNTY COMMUNITY FOUNDATION, INC., INCORPORATED UNDER CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS AS A TAX-EXEMPT ENTITY, HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION AS DEFINED BY SECTION 509 (A) OF THE IRC. THEREFORE, IT IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THAT SUBSTANTIALLY ALL OF THE FOUNDATION'S INCOME, EXPENDITURES, AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, THE FOUNDATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**Part XIII Supplemental Information** *(continued)*

THE FOUNDATION HAS ELECTED, UNDER IRC SEC. 501(H), TO MAKE LIMITED EXPENDITURES TO INFLUENCE LEGISLATION. THE FOUNDATION IS SUBJECT TO EXCISE TAX OF 25% ON LOBBYING EXPENDITURES IN EXCESS OF ALLOWABLE LIMITS. THERE WERE NO LOBBYING EXPENSES FOR THE FISCAL YEARS ENDED JUNE 30, 2023 AND 2022. THERE WERE NO EXCISE TAXES ON EXCESS LOBBYING EXPENDITURES FOR THE YEARS ENDING JUNE 30, 2023 AND 2022.

THE FOUNDATION IS REQUIRED TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. THERE ARE NO UNCERTAIN TAX POSITIONS CONSIDERED TO BE MATERIAL. THE FOUNDATION REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO REVIEW BY TAXING AUTHORITIES FOR PERIODS PRIOR TO 2020.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS	\$ 304,686
PROGRAM EVENT EXPENSES	\$ 396,500

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS	\$ 411,914
PROGRAM EVENT EXPENSES	\$ 396,500

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.

Employer identification number

04-3407816

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
POLAND			GRANTS TO RECIPIENTS		35,000
CANADA			GRANTS TO RECIPIENTS		7,500
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....					42,500
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)					42,500

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

Schedule F (Form 990) 2022

**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)			CANADA	GENERAL SUPPORT	7,500	WIRE TRANSFER			
(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 ▶ 2



**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
POLAND	\$ 35,000	\$ 0
CANADA	\$ 7,500	\$ 0

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **ESSEX COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **04-3407816**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	412 INC 159 ALLSTON ST MEFORD MA 02155	87-1851770	501C3	9,600				
(2)	826 BOSTON INC. 3035 WASHINGTON STREET BOSTON MA 02119	20-8065915	501C3	8,500				
(3)	ACT LAWRENCE INC 15 UNION STREET, ENTANCE C 4TH FLO LAWRENCE MA 01840	04-3408855	501C3	14,500				
(4)	ACT LAWRENCE INC. 15 UNION STREET, ENTANCE C 4TH FLO LAWRENCE MA 01840	04-3408855	501C3	50,000				
(5)	ACTING OUT THEATER COMPANY 60 ISLAND STREET LAWRENCE MA 01930	06-1791023	501C3	7,000				
(6)	ACTION, INC. 180 MAIN STREET GOUCESTER MA 01930	04-2389332	501C3	120,000				
(7)	ADDISON GILBERT HOSPITAL 298 WASHINGTON STREET GLOUCESTER MA 01930	04-2121317	501C3	24,500				
(8)	AGESPAN 280 MERRIMACK STREET, SUITE 400 LAWRENCE MA 01843	04-2545136	501C3	98,203				
(9)	ALZHEIMER'S ASSOCIATION, MASSACHUSE 309 WAVERLEY OAKS ROAD 3RD FLOOR WALTHAM MA 02452	13-3039601	501C3	469,000				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **318**

3 Enter total number of other organizations listed in the line 1 table **2**

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Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

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OMB No. 1545-0047

**2022**

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(1)	AMERICAN LIFE LEAGUE PO BOX 6170 FALMOUTH VA 22403	52-1238301	501C3	7,000				
(2)	AMESBURY CARRIAGE MUSEUM PO BOX 252 AMESBURY MA 01913	04-3021666	501C3	28,811				
(3)	AMIRAH INC. 10 TOWER OFFICE PARK, STE 413 WOBURN MA 01801	27-1214049	501C3	24,000				
(4)	AMPLIFY LATINX ONE BEACON ST 15TH FLOOR BOSTON MA 01801	82-4167948	501C3	100,000				
(5)	ANDOVER CENTER FOR HISTORY & CULTURE 97 MAIN STREET ANDOVER MA 01810	02-0366332	501C3	14,750				
(6)	ANDOVER CHORAL SOCIETY INC. P.O. BOX 633 ANDOVER MA 01810	04-2935272	501C3	5,500				
(7)	ANDOVER PUBLIC SCHOOLS 36R BARTLET STREET ANDOVER MA 01810		501C3	107,642				
(8)	ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER STREET BOSTON MA 02116	04-2103714	501C3	9,000				
(9)	APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE, SUITE 2 BOSTON MA 02129	04-6001677	501C3	10,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	ART RESOURCE COLLABORATIVE FOR KIDS 36 BROMFIELD ST. SUITE 301 BOSTON MA 02108	45-5442979	501C3	10,000				
(2)	ASCENSION MEMORIAL CHURCH 31 COUNTY STREET IPSWICH MA 01938		501C3	6,450				
(3)	ATENEO DOMINICANO DE NUEVA INGLATER 15 UNION STREET, SUITE 195 LAWRENCE MA 01840	83-3612070	501C3	19,800				
(4)	ATENEO DOMINICANO DEL MERRIMACK VAL P.O. BOX 643 NORTH ANDOVER MA 01845	83-3612070	501C3	10,000				
(5)	ATTIC YOUTH CENTER 255 S 16TH STREET PHILADELPHIA PA 19102	23-3020071	501C3	11,500				
(6)	BACKYARD GROWERS 103R MAPLEWOOD AVENUE GLOUCESTER MA 01930	47-1553021	501C3	58,500				
(7)	BATES COLLEGE 2 ANDREWS ROAD LEWISTON ME 04240	01-0211781	501C3	25,000				
(8)	BEANTOWN BABY DIAPER BANK 27 NICKERSON ROAD LEXINGTON MA 02421	83-1482650	501C3	7,500				
(9)	BEDFORD PUBLIC SCHOOLS 97 MCMAHON ROAD BEDFORD MA 01730	04-6001082	501C3	5,188				

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(1)	BEVERLY BOOTSTRAPS COMMUNITY SERVICE 35 PARK STREET BEVERLY MA 01915	04-3254507	501C3	129,500				
(2)	BEVERLY HIGH SCHOOL 100 SOHIER ROAD BEVERLY MA 01915	25-0264164	501C3	25,000				
(3)	BEYOND SOCCER 280 MERRIMACK STREET, #323 LAWRENCE MA 01843	45-0648718	501C3	11,000				
(4)	BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO MA 02703		501C3	25,000				
(5)	BLESSED STEPHEN BELLESINI O S A ACADEMY 94 BRADFORD STREET LAWRENCE MA 01842	04-3585445	501C3	34,000				
(6)	BOSTON AREA GLEANERS, INC 91 MARTIN STREET ACTON MA 01720	30-0434755	501C3	102,000				
(7)	BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON MA 02115	04-2774441	501C3	12,000				
(8)	BOSTON DANCE ALLIANCE INC. 19 CLARENDON STREET BOSTON MA 02116	04-3064755	501C3	10,000				
(9)	BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE, 5TH FLOOR BOSTON MA 02215	04-2103547	501C3	8,500				

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(1)	BOYS & GIRLS CLUB OF GREATER HAVERHILL 55 EMERSON STREET HAVERHILL MA 01830	04-2111215	501C3	6,000				
(2)	BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE MA 01841	23-7296824	501C3	22,000				
(3)	BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM MA 02454	04-2103552	501C3	6,500				
(4)	BREAD & ROSES 58 NEWBURY STREET LAWRENCE MA 01840	04-2768119	501C3	6,500				
(5)	BROOKLINE HIGH SCHOOL 115 GREENOUGH STREET BROOKLINE MA 02445		501C3	11,000				
(6)	BROOKWOOD SCHOOL INC 1 BROOKWOOD ROAD MANCHESTER MA 01944	04-2227413	501C3	16,000				
(7)	BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD RI 02917	05-0258810	501C3	7,500				
(8)	BUCKNELL UNIVERSITY ONE DENT DRIVE LEWISBURG PA 17837	24-0772407	501C3	12,000				
(9)	BUILDING AUDACITY 75 ALLEN AVE LYNN MA 01902	83-4650961	501C3	25,750				

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(1)	CABOT PERFORMING ARTS CENTER INC 286 CABOT STREET BEVERLY MA 01915	47-1431634	501C3	9,000				
(2)	CAPE ANN MUSEUM INC 27 PLEASANT STREET GLOUCESTER MA 01930	04-2143545	501C3	81,850				
(3)	CASA 430 NORTH CANAL STREET LAWRENCE MA 01840		501C3	10,000				
(4)	CATHOLIC CHARITABLE BUREAU OF THE A 51 SLEEPER STREET BOSTON MA 02210	53-0196617	501C3	125,750				
(5)	CATHOLIC RELIEF SERVICES PO BOX 17090 BALTIMORE MD 21297	13-5563422	501C3	19,000				
(6)	CATIE'S CLOSET INC. 19 SCHOOL STREET DRACUT MA 01826	27-2531953	501C3	177,000				
(7)	CENTERBOARD INC 16 CITY HALL SQUARE LYNN MA 01901	04-3019658	501C3	48,000				
(8)	CENTRAL CATHOLIC HIGH SCHOOL OF LAW 300 HAMPSHIRE STREET LAWRENCE MA 01841	04-2057906	501C3	9,044				
(9)	CHALLENGE UNLIMITED 450 LOWELL STREET ANDOVER MA 01810	22-2478997	501C3	5,500				

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(1)	CHANGE IS SIMPLE INC 100 CUMMINGS CENTER, SUITE 227Q BEVERLY MA 01915	45-1463482	501C3	22,000				
(2)	CHARITIES AID FOUNDATION OF AMERICA 300 BRICKSTONE SQUARE, SUITE 601 ANDOVER MA 01810	43-1634280	501C3	10,000				
(3)	CHICA PROJECT 1266 FURNACE BROOK PKWY QUINCY MA 02169	45-3866647	501C3	40,000				
(4)	CHILDRENS FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE RI 02903	05-0258819	501C3	10,000				
(5)	CITIZENS INN, INC. 81 MAIN STREET PEABODY MA 01960	22-2540856	501C3	128,920				
(6)	CITY OF HAVERHILL 4 SUMMER STREET, CITY HALL ROOM 309 HAVERHILL MA 01830		501C3	75,000				
(7)	CITY OF HAVERHILL CITY HALL ROOM 100 HAVERHILL MA 01830		501C3	75,000				
(8)	CITY OF LAWRENCE CITY HALL ENTSTREET, 3RD FLOOR, RO LAWRENCE MA 01840		501C3	10,000				
(9)	CITY OF LYNN 3 CITY HALL SQUARE, ROOM 312 LYNN MA 01901	04-6001397	501C3	40,558				

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(1)	CITY OF SALEM SALEM CITY HALL 93 WASHINGTON STREET SALEM MA 01970		501C3	436,810				
(2)	CLARK UNIVERSITY 950 MAIN STREET WORCESTER MA 01477		501C3	5,500				
(3)	COLD HOLLOW TO CANADA INC PO BOX 406 MONTGOMRY CENTER VT 05471	36-4717953	501C3	8,000				
(4)	COLLEEN E RITZER MEMORIAL FUND INC 5 DASCOMB RD ANDOVER MA 01810	85-0659010	501C3	10,520				
(5)	COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER OH 44693		501C3	10,000				
(6)	COMMUNITIES TOGETHER, INC. 276 ESSEX STREET PO BOX 428 LAWRENCE MA 01842	04-3268423	501C3	5,500				
(7)	COMMUNITY ACTION, INC. 3 WASHINGTON SQUARE, STE 4 HAVERHILL MA 01830	04-2383153	501C3	177,250				
(8)	COMMUNITY DAY CARE CENTER OF LAWRENCE 190 HAMPSHIRE STREET LAWRENCE MA 01840	04-2473133	501C3	568,048				
(9)	COMMUNITY DAY CARE CENTER OF LAWRENCE 190 HAMPSHIRE STREET LAWRENCE MA 01840	04-2473133	501C3	40,000				

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(1)	COMMUNITY GIVING TREE 572B MAIN STREET P.O. BOX 508 WEST BOXFORD MA 01885	26-4239602	501C3	5,500				
(2)	COMMUNITY HOUSE INC 284 BAY ROAD SOUTH HAMILTON MA 01982	04-2104023	501C3	13,000				
(3)	COMMUNITY SERVINGS 179 ARMORY STREET JAMAICA JAMAICA PLAIN MA 02130	22-3154028	501C3	59,285				
(4)	COMMUNITY TEAMWORK, INC. 155 MERRIMACK STREET LOWELL MA 01852	04-2382027	501C3	10,000				
(5)	COMPANIES FOR CAUSES IMPACT FINANCE CENTER 1647 S PEARL DENVER CO 80210	27-2808532	501C3	10,000				
(6)	CONNECTICUT CHILDREN'S MEDICAL CENT 282 WASHINGTON STREET ATTN: ACCOUNT HARTFORD CT 06106	22-2619869	501C3	85,000				
(7)	CONSERVATION LAW FOUNDATION 62 SUMMER STREET, SUITE 1 BOSTON MA 02110	04-6149986	501C3	30,000				
(8)	CREATIVE HAVERHILL INC PO BOX 205 HAVERHILL MA 01831	22-2539427	501C3	7,000				
(9)	CROSS CATHOLIC OUTREACH PO BOX 97168 WASHINGTON DC 20090	65-1156061	501C3	15,000				

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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)	DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE MA 02445	04-2263040	501C3	126,000				
(2)	DC CENTRAL KITCHEN, INC. PO BOX 417406 BOSTON MA 02241	52-1584936	501C3	10,000				
(3)	DIGNITY MATTERS INC. PO BOX 72 WAYLAND MA 01778	81-4572839	501C3	6,000				
(4)	DOCTORS WITHOUT BORDERS USA INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK NY 10001	13-3433452	501C3	5,500				
(5)	DUDLEY STREET NEIGHBORHOOD INITIATI 504 DUDLEY STREET ROXBURY MA 02119	04-2859066	501C3	11,500				
(6)	EARLS HOPE RESCUE, INC. 1357 OLD HIGHWAY 100 WACO GA 30182	47-4529879	501C3	15,843				
(7)	EL INSTITUTO CULTURAL DE PUERTO RIC 35 COMMON STREET, APT 230 LAWRENCE MA 01840	85-3931816	501C3	39,800				
(8)	ELEVATED THOUGHT FOUNDATION, INC. 15 UNION STREET, STE 120 LAWRENCE MA 01840	27-3519031	501C3	52,000				
(9)	ELIOT COMMUNITY HUMAN SERVICES INC 125 HARTWELL AVENUE LEXINGTON MA 02421	04-2316924	501C3	72,947				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

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OMB No. 1545-0047

**2022**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**04-3407816**

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(1)	ENDICOTT COLLEGE 376 HALE STREET BVERLY MA 01915	04-2103567	501C3	15,600				
(2)	EPIPHANY SCHOOL 154 CENTRE STREET DORCHESTER MA 02124	04-3391788	501C3	7,500				
(3)	EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY AL 36104	63-1135091	501C3	25,000				
(4)	EQUALSRQ, INC. 5077 FRUITVILLE RD, STE 109 SARASOTA FL 34232	92-2386731	501C3	75,000				
(5)	ESPERANZA ACADEMY, INC. 198 GARDEN STREET LAWRENCE MA 01840		501C3	106,950				
(6)	ESSEX ART CENTER 56 ISLAND STREET LAWRENCE MA 01840	04-3238501	501C3	37,000				
(7)	ESSEX COUNTY COMMUNITY ORGANIZATION 74 SOUTH COMMON STREET LYNN MA 01902	04-2768237	501C3	15,900				
(8)	ESSEX COUNTY GREEN BELT ASSOCIATION 82 EASTERN AVENUE SOMERVILLE MA 01929	04-2664297	501C3	18,652				
(9)	ESSEX COUNTY HABITAT FOR HUMANITY, 14 PARK STREET DANVERS MA 01923	91-1914868	501C3	183,500				

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(1)	ESSEX COUNTY TRAIL ASSOCIATION PO BOX 358 HAMILTON MA 01936	04-3029275	501C3	5,750				
(2)	ESSEX NORTH SHORE AGRICULTURAL & TE 565 MAPLE STREET HATHORNE MA 01937	27-1237978	501C3	239,100				
(3)	EVELYN LILLY LUTZ FOUNDATION 83 HERRICK STREET SUITE 1003 BEVERLY MA 01915	04-2103885	501C3	118,137				
(4)	EVERY.ORG 58 WEST PORTAL AVE #781 SAN FRANCISCO CA 94127	61-1913297	501C3	10,000				
(5)	FAMILIES FOR DEPRESSION AWARENESS 391 TOTTEN POND ROAD, SUITE 101 WALTHAM MA 02451	04-3546730	501C3	22,000				
(6)	FAMILY HEALTH PROJECT FUND, INC 42 SEA STREET MANCHESTER MA 01944	81-4999393	501C3	6,500				
(7)	FAMILY SERVICES OF THE MERRIMACK VA 4 PUNCHARD AVENUE ANDOVER MA 01810	04-2104054	501C3	81,000				
(8)	FIRST BAPTIST CHURCH IN BEVERLY 221 CABOT STREET BEVERLY MA 01915	13-5563018	501C3	83,000				
(9)	FIRST CONGREGATIONAL SOCIETY IN SAL 316 ESSEX STREET SALEM MA 01970	04-2111209	501C3	8,000				

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(1)	FOSTERINGCARE INC 524 MAIN ST WEST EWBURY MA 01985	83-1950985	501C3	7,500				
(2)	FRACTURED ATLAS INC PO BOX 55 HARTSDALE NY 10530	11-3451703	501C3	19,500				
(3)	FRANCISCAN HOSPITAL FOR CHILDREN IN 30 WARREN STREET BRIGHTON MA 02135	53-0196617	501C3	21,000				
(4)	FRANCISCAN MISSIONS PO BOX 130 WATERFORD WI 53185	39-1396579	501C3	22,000				
(5)	FRIENDS OF NORTHSHORE EDUCATION CON 112 SOHIER ROAD BEVERLY MA 01915	61-1479553	501C3	75,000				
(6)	GLOUCESTER CELEBRATION CORPORATION PO BO 1922 GLOUCESTER MA 01931	04-3396270	501C3	9,000				
(7)	GLOUCESTER FUND INC 45 MIDDLE STREET GLOUCESTER MA 01930	04-3521016	501C3	55,000				
(8)	GLOUCESTER HIGH SCHOOL 32 LESLIE O JOHNSON ROAD GLOUCESTER MA 01930		501C3	21,707				
(9)	GLOUCESTER MARINE GENOMICS INSTITUT 417 MAIN STREET GLOUCESTER MA 01930	46-3020006	501C3	27,500				

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(1)	GLOUCESTER MARITIME HERITAGE CENTER 23 HARBOR LOOP GLOUCESTER MA 01930	04-3480870	501C3	11,000				
(2)	GLOUCESTER STAGE COMPANY 267 EAST MAIN STREET GLOUCESTER MA 01930	04-2485199	501C3	20,000				
(3)	GOVERNOR DUMMER ACADEMY ONE ELM STREET BYFIELD MA 01922	04-2103564	501C3	8,000				
(4)	GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON MA 02118	04-2717782	501C3	18,375				
(5)	GREATER LAWRENCE COMMUNITY ACTION C 305 ESSEX STREET, 4TH FLOOR LAWRENCE MA 01840	04-2397449	501C3	348,247				
(6)	GREATER LAWRENCE COMMUNITY BOATING 1 EATON STREET PO BOX 955 LAWRENCE MA 01840	04-2671824	501C3	20,000				
(7)	GREATER LAWRENCE FAMILY HEALTH CENT ONE GRIFFIN BROOKS DRIVE, SUITE 209 METHUEN MA 01844	04-2708824	501C3	69,630				
(8)	GREATER LAWRENCE FAMILY HEALTH CENT ONE GRIFFIN BROOKS DRIVE, SUITE 209 METHUEN MA 01844	04-2708824	501C3	10,000				
(9)	GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN MA 01901	04-2581129	501C3	95,300				

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(1)	GREATER LYNN SENIOR SERVICES INC. 8 SILSBEE STREET LYNN MA 01901	04-2581129	501C3	15,000				
(2)	GROUNDWORK LAWRENCE 50 ISLAND STREET, SUITE 101 ENTANCE LAWRENCE MA 01840	04-3546770	501C3	379,500				
(3)	HARBORLIGHT HOMES PO BOX 507 BEVERL MA 01915	04-2313571	501C3	55,450				
(4)	HEALING ABUSE WORKING FOR CHANGE 27 CONGRESS STREET SALEM MA 01970	04-2655367	501C3	25,000				
(5)	HIGGINS LAKE LAND CONSERVANCY INC PO BOX 60 HIGGINS LAKE MI 48627	11-3812984	501C3	6,000				
(6)	HOW HOUSE 41 VAN WINKLE STREET DORCHESTER MA 02124	27-3614882	501C3	7,200				
(7)	HUMAN RIGHTS WATCH INC. 350 FIFTH AVENUE 34TH FLOOR NEW YORK NY 10118	13-2875808	501C3	25,000				
(8)	IMMIGRANT CITY ARCHIVES INC 6 ESSEX STREET LAWRENCE MA 01840	04-2651157	501C3	16,000				
(9)	INCARNATION PARISH 429 UPHAM STREET BLANK) MA 02176	53-0196617	501C3	17,500				

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(1)	INTEGRATED CENTER FOR GROUP MEDICAL 360 MERRIMACK STREET, STE 100 LAWRENCE MA 01843	83-4130457	501C3	85,000				
(2)	INTERCESSORS FOR AMERICA INC 192 N 21ST ST, PO BOX 915 PURCELLVILLE VA 20132	04-2576811	501C3	6,000				
(3)	IPSWICH MUSEUM 54 SOUTH MAIN STREET IPSWICH MA 01938	04-6040661	501C3	15,750				
(4)	IPSWICH RIVER WATERSHED ASSOCIATION P.O. BOX 576 IPSWICH MA 01938	04-2615125	501C3	37,652				
(5)	ISSUE ONE 1401 K STREET NW, SUITE 350 WASHINGTON DC 20005	32-0384285	501C3	25,000				
(6)	JEANNE GEIGER CRISIS CENTER 2 HARRIS STREET NEWBURYPORT MA 01950	22-2474823	501C3	123,008				
(7)	JOHN ASHFORD LINK HOUSE, INC. 197 ELM STREET SALISBURY MA 01952	04-2498329	501C3	225,000				
(8)	JUDICIAL WATCH INC 425 THIRD ST, SW STE 800 WASHINGTON DC 20024	52-1885088	501C3	6,000				
(9)	KNIGHTS OF COLUMBUS CHARITIES USA I PO BOX 1966 NEW HAVEN CT 06509	41-2140273	501C3	22,500				

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(1)	LANDMARK SCHOOL PO BOX 227 PRIDESCROSSING MA 01965	04-2429311	501C3	50,500				
(2)	LATINO SUPPORT NETWORK 140 UNION STREET, STE 203 #205 LYNN MA 01901	47-1869515	501C3	19,000				
(3)	LAWRENCE BOYS & GIRLS CLUB INC 136 WATER STREET LAWRENCE MA 01841	04-2104377	501C3	10,000				
(4)	LAWRENCE COMMUNITY WORKS, INC. 168 NEWBURY STREET LAWRENCE MA 01841	04-2982308	501C3	191,000				
(5)	LAWRENCE FAMILY DEVELOPMENT INC 355 HAVERHILL STREET LAWRENCE MA 01840	04-3177142	501C3	13,000				
(6)	LAWRENCE FAMILY DEVELOPMENT INC. 34 WEST STREET LAWRENCE MA 01841	04-3177142	501C3	181,766				
(7)	LAWRENCE GENERAL HOSPITAL ONE GENERAL STREET PO BOX 189 LAWRENCE MA 01842	04-2103586	501C3	165,500				
(8)	LAWRENCE PARTNERSHIP 420 COMMON STREET LAWRENCE MA 01840	47-1019447	501C3	159,472				
(9)	LAWRENCE PUBLIC LIBRARY 51 LAWRENCE STREET LAWRENCE MA 01841		501C3	7,000				

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(1)	LAWRENCE PUBLIC SCHOOLS - ADULT LEA 255 ESSEX STREET LAWRENCE MA 01840		501C3	10,000				
(2)	LAWRENCE RECREATION DEPARTMENT 200 COMMON STREET CITY HALL, ROOM 8 LAWRENCE MA 01840		501C3	10,000				
(3)	LAZARUS HOUSE INC. 412 HAMPSHIRE STREET P.O. BOX 408 LAWRENCE MA 01841	04-2755382	501C3	70,774				
(4)	LAZARUS HOUSE INC. P.O. BOX 408 LAWRENCE MA 01842	04-2755382	501C3	12,500				
(5)	LEADS INC PO BOX 1531 LAWRECE MA 01840	87-1328553	501C3	270,000				
(6)	LEAP FOR EDUCATION, INC. 35 CONGRESS STREET, SUITE 102 SALEM MA 01840	47-1445061	501C3	69,550				
(7)	LEO INC. PO BOX 711 LYNN MA 01903	42-3788850	501C3	139,000				
(8)	LIFEBRIDGE NORTH SHORE 56 MARGIN STREET SALEM MA 01970	20-4539306	501C3	147,533				
(9)	LOUISIANA STATE UNIVERSITY 1146 PLEASANT HILL BATON ROUGE LA 70803		501C3	8,000				

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LOVE YOUR MAGIC, INC. 36 MARKET STREET #4 LYNN MA 01901	87-2061145	501C3	24,000				
(2)	LOWELL COMMUNITY LOAN FUND INC. 50 ISLAND STREET, SUITE 103 LAWRENCE MA 01840	04-3571892	501C3	420,000				
(3)	LYNN COMMUNITY HEALTH INC 269 UNION STREET PO BOX 526 LYNN MA 01901	04-2525066	501C3	59,630				
(4)	MALDEN CATHOLIC HIGH SCHOOL 99 CRYSTAL STREET MALDEN MA 02148	04-2393983	501C3	100,000				
(5)	MANCHESTER ESSEX CONSERVATION TRUST PO BOX 1486 MANCHESTER MA 01944	04-3469549	501C3	100,000				
(6)	MANCHESTER HISTORICAL MUSEUM 10 UNION STREET MANCHESTER MA 01944	04-6112604	501C3	5,500				
(7)	MANSHIP ARTIST RESIDENCE AND STUDIO PO BOX 7071 GLOUCESTER MA 01930	47-5404477	501C3	43,500				
(8)	MARIAN FATHERS OF THE IMMACULATE CO 2 PROSPECT HILL RD STOCKBRIDGE MA 01263	20-8599030	501C3	6,000				
(9)	MASS GENERAL HOSPITAL 100 CAMBRIDGE STREET, SUITE 1310 BOSTON MA 02114	04-3230035	501C3	101,100				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **ESSEX COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **04-3407816**

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

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

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

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(1)	MASSACHUSETTS AUDUBON SOCIETY, INC 208 SOUTH GREAT ROAD LINCOLN MA 01773	04-2104702	501C3	25,844				
(2)	MASSACHUSETTS BAIL FUND INC 2161 MASSACHUSETTS AVENUE CAMBRIDGE MA 02140	82-4924766	501C3	10,000				
(3)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE MA 02139	04-2103594	501C3	10,000				
(4)	MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER MA 01845	04-2103731	501C3	27,000				
(5)	MERRIMACK RIVER WATERSHED COUNCIL 60 ISLAND STREET, SUITE 211-E LAWRENCE MA 01840	04-2633281	501C3	36,000				
(6)	MERRIMACK VALLEY DREAM CENTER INC. 60 ISLAND AVENUE 2ND FLOOR LAWRENCE MA 01841	81-4754411	501C3	50,399				
(7)	MERRIMACK VALLEY SPARTANS FOOTBALL 272 BROADWAY, UNIT 1026 METHUEN MA 01844	84-4951910	501C3	6,700				
(8)	MERRIMACK VALLEY YMCA - ADMINISTRATIVE 360 MERRIMACK STREET., SUITE 270 4TH FLOOR LAWRENCE MA 01843	04-2104378	501C3	118,875				
(9)	METHUEN ARLINGTON NEIGHBORHOOD, INC 141 TENNEY STREET PO BOX 715 METHUEN MA 01844	04-3265830	501C3	10,000				

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Employer identification number  
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(1)	METRO NORTH REGIONAL EMPLOYMENT BOA SPACES DAVIS SQUARE 240 ELM STREET, SOMERVILLE MA 02144	04-3279555	501C3	42,000				
(2)	MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK NY 10163	13-4141945	501C3	6,500				
(3)	MICHAEL J. DIAS FOUNDATION 398 EAST STREET LUDLOW MA 01056	45-4675913	501C3	6,600				
(4)	MIDDLEBURY COLLEGE CASHIER'S OFFICE, SERVICE BLDG 84 S MIDDLEBURY VT 05753	03-0179298	501C3	6,500				
(5)	MILTON ACADEMY 170 CENTRE STREET MILTON MA 02186	04-2103603	501C3	50,000				
(6)	MOUNT WASHINGTON OBSERVATORY 1779 WHITE MOUNTAIN HIGHWAY PO BOX NORTH CONWAY NH 03860	02-0225135	501C3	10,000				
(7)	MUSEUM OF FINE ARTS 465 HUNTINGON AVENUE BOSTON MA 02115	04-2103607	501C3	230,000				
(8)	MVYOUTH INC P.O. BOX 65 CHILMRK MA 02535	46-5177674	501C3	26,900				
(9)	MY BROTHER'S TABLE 98 WILLOW STREET LYNN MA 01901	04-2794047	501C3	8,000				

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(1)	NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR. PMB 16009 BEAVERTON OR 97008	04-3236982	501C3	50,000				
(2)	NEIGHBORS IN NEED PO BOX 447 LAWRENCE MA 01842	22-2481699	501C3	120,476				
(3)	NEW AMERICAN ASSOCIATION OF MASSACHUSETTS 330 LYNNWAY, SUITE 302 LYNN MA 01901	04-3102943	501C3	141,142				
(4)	NEW ENGLAND EMS INSTITUTE 1050 HOLT AVENUE MANCHESTER NH 03103		501C3	7,500				
(5)	NEWBURYPORT ART ASSOCIATION 65 WATER STREET P O BOX 28 NEWBURYPORT MA 01950	04-6060657	501C3	12,500				
(6)	NORTH END MUSIC AND PERFORMING ARTS 50 TILESTON STREET BOSTON MA 02113	04-3545228	501C3	31,250				
(7)	NORTH SHORE ALLIANCE OF GAY & LESBIANS 2 EAST INDIA SQUARE, SUITE 121 SALEM MA 01970	04-3399331	501C3	16,000				
(8)	NORTH SHORE COMMUNITY ACTION PROGRAM 119 REAR FOSTER STREET BUILDING 13 PEABODY MA 01960	04-2385280	501C3	130,000				
(9)	NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD DANVERS MA 01923	22-2485476	501C3	163,527				

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(1)	NORTH SHORE COMMUNITY COLLEGE FOUND 1 FERNCROFT ROAD DANVERS MA 01923	22-2485476	501C3	90,000				
(2)	NORTH SHORE COMMUNITY COLLEGE FOUND 1 FERNCROFT ROAD DANVERS MA 01923		501C3	16,500				
(3)	NORTH SHORE COMMUNITY DEVELOPMENT C 96 LAFAYETTE STREET, 2ND FLOOR SALEM MA 01970	04-2686893	501C3	54,800				
(4)	NORTH SHORE COMMUNITY HEALTH, INC. 27 CONGRESS STREET SUITE 513 SALEM MA 01970	04-2610447	501C3	59,630				
(5)	NORTH SHORE LATINO BUSINESS CENTER 33 SUTTON ST LYNN MA 01901	83-2642055	501C3	12,500				
(6)	NORTH SHORE UNITED WAY INC 100 CUMMINGS CENTER, SUITES 231-C & BEVERLY MA 01915	04-2257377	501C3	15,000				
(7)	NORTH SHORE WORKERS COMMUNITY FUND 112 EXCHANGE STREET LYNN MA 01901	38-3851441	501C3	186,397				
(8)	NORTHEAST ARC, INC 1 SOUTHSIDE ROAD DANVERS MA 01923	04-2232416	501C3	10,000				
(9)	NORTHEAST HOSPITAL CORPORATION 85 HERRICK STREET BEVERLY MA 01915	04-2121317	501C3	177,467				

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(1)	NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER VT 05602	01-0729039	501C3	10,000				
(2)	NORTHEASTERN UNIVERSITY 354 RICHARDS HALL, 360 HUNTINGTON A BOSTON MA 02115	04-1679980	501C3	12,000				
(3)	NORTHERN ESSEX COMMUNITY COLLEGE FO 100 ELLIOTT STREET HAVERHILL MA 01830	04-2759634	501C3	60,000				
(4)	NOTRE DAME CRISTO REY HIGH SCHOOL 203 LAWRENCE STREET METHUEN MA 01844	02-0296284	501C3	7,000				
(5)	NOTRE DAME CRISTO REY HIGH SCHOOL 203 LAWRENCE STREET METHUEN MA 01844	02-0296284	501C3	8,000				
(6)	NOTRE DAME EDUCATION CENTER 354 MERRIMACK STREET, STE 210 LAWRENCE MA 01843	04-3392507	501C3	24,000				
(7)	OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND CA 94607	45-3138892	501C3	10,000				
(8)	OCEAN RIVER INSTITUTE 12 ELIOT STREET CAMBRIDGE MA 02138	20-8273235	501C3	55,000				
(9)	ONE MISSION INC 69 MILK STREET, SUITE 300 WESTBOROUGH MA 01581	26-3741880	501C3	6,000				

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(1)	OPEN DOOR CAPE ANN FOOD PANTRY, INC 28 EMERSON AVENUE GLOUCESTER MA 01930	22-2513482	501C3	224,100				
(2)	OPEN HEARTS MINISTRIES 217 MAIN STREET HAVERHILL MA 01830	55-0881163	501C3	47,648				
(3)	OUR NEIGHBOR'S TABLE 145 MAIN STREET P.O. BOX 592 AMESBURY MA 01913	04-3153941	501C3	90,304				
(4)	PATHWAYS FOR CHILDREN INC 29 EMERSON AVENUE GLOUCESTER MA 01930	04-2694002	501C3	130,102				
(5)	PEABODY CULTURAL COLLABORATIVE INC 22 FOSTER STREET PEABODY MA 01960	30-0779579	501C3	12,500				
(6)	PEABODY ESSEX MUSEUM 161 ESSEX STREET SALEM MA 01970	04-3157815	501C3	60,000				
(7)	PETTENGILL HOUSE 21 WATER STREET, SUITE 4A AMESBURY MA 01913	04-3287827	501C3	155,135				
(8)	PHILLIPS ACADEMY 180 MAIN STREET ADOVER MA 01810	04-2103579	501C3	51,100				
(9)	PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER NH 03833		501C3	15,000				

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(1)	PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAM, SOUTH HAMIL MA 01982	04-2279977	501C3	55,750				
(2)	PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM MA 01970	04-2104844	501C3	65,750				
(3)	POLICE ASSISTED ADDICTION AND RECOV 12 BROADWAY BEVERLY MA 01915	47-4235159	501C3	25,000				
(4)	POLITICAL ASYLUM IMMIGRATION REPRES 98 N WASHINGTON STREET, STE 106 BOSTON MA 02114	22-3003501	501C3	11,500				
(5)	PREP FOR PREP 328 WEST 71ST STREET NEW YORK NY 10023	13-2613383	501C3	9,296				
(6)	PRESIDENT & TRUSTEES OF COLBY COLLE 4120 MAYFLOWER HILL DRIVE WATERVILLE ME 04901	01-0211497	501C3	25,500				
(7)	PROJECT ADVENTURE 719 CABOT STREET BEVERLY MA 01915	04-2749823	501C3	191,140				
(8)	PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE RI 02914	05-0258934	501C3	10,000				
(9)	PSYCHOLOGICAL CENTER, INC. 11 UNION STREET LAWRENCE MA 01840	23-7185825	501C3	29,000				

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(1)	RAISING A READER 3 SCHOOL STREET BOSTON MA 02108	80-0297898	501C3	100,000				
(2)	RAW ART WORKS 37 CENTRAL SQUARE, 2ND FLOOR LYNN MA 01901	22-2854850	501C3	17,000				
(3)	RAZOM INC 140 2ND AVENUE, STE 305 NEW YORK NY 10003	46-4604398	501C3	8,000				
(4)	REFOREST THE TROPICS 28G COTTRELL ST. MYSTIC CT 06355	06-1449475	501C3	8,000				
(5)	REFUGEE AND IMMIGRANT ASSISTANCE CE 253 ROXBURY STREET BOSTON MA 02119	04-3430294	501C3	20,000				
(6)	REGIS COLLEGE 235 WELLESLEY STREET WESTON MA 02493	04-2104451	501C3	9,500				
(7)	RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY NY 12180	14-1340095	501C3	10,500				
(8)	REPRODUCTIVE EQUITY NOW FOUNDATION 15 COURT SQ STE 900 BOSTON MA 02108	04-2679358	501C3	16,500				
(9)	RIAN IMMIGRANT CENTER INC. ONE STATE STREET, SUITE 800 BOSTON MA 02109	04-3063382	501C3	70,000				

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ROCKPORT ART ASSOCIATION 12 MAIN STREET ROCKPORT MA 01966	04-2266535	501C3	5,500				
(2)	ROCKPORT MUSIC 16 MAIN STREET ROKPORT MA 01966	22-2479696	501C3	19,600				
(3)	ROCKY NECK ART COLONY INC 6 WONSON STREET GLOUCESTER MA 01930	04-2795273	501C3	6,000				
(4)	ROOM TO GROW NATIONAL INC 400 SHAWMUT AVENUE BOSTON MA 02118	13-4012096	501C3	17,500				
(5)	ROOT NS, INC. SHETLAND PARK 35 CONGRESS STREET, S SALEM MA 01970	47-5454938	501C3	309,949				
(6)	SALEM COMMUNITY GARDEN ASSOCIATION PO BOX 82 SALEM MA 01970	26-1881563	501C3	15,000				
(7)	SALEM MISSION INC PO BOX 810 SALEM MA 01970	20-4539306	501C3	10,000				
(8)	SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM MA 01970	04-2620632	501C3	8,250				
(9)	SAMARITANS, INC 41 WEST STREET 4TH FLOOR BOSTON MA 02111	04-2643466	501C3	13,000				

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

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Schedule I (Form 990) (2022)

**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.**  
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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**04-3407816**

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

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(1)	SAVE CHEBACCO TRAILS & WATERSHED IN P.O. BOX 2184 SOUTH HAMILTON MA 01982	86-3091946	501C3	6,000				
(2)	SAWYER FREE LIBRARY FOUNDATION 2 DALE AVENUE GLOUCESTER MA 01930	84-2837206	501C3	46,000				
(3)	SELF ESTEEM BOSTON EDUCATION INSTIT 8 LAKEVILLE ROAD, SUITE 3 JAMAICA PLAIN MA 02130	04-3213321	501C3	24,000				
(4)	SEMANA HISPANA EN LAWRENCE INC. PO BOX 347 LAWRENCE MA 01842	04-2676336	501C3	39,800				
(5)	SHARE OUR STRENGTH INC 1030 15TH ST NW SUITE 1100 W WASHINGTON DC 20005	52-1367538	501C3	10,000				
(6)	SHARING FOUNDATION PO BOX 600 CONCOR MA 01742	01-0518534	501C3	28,600				
(7)	SHORE COUNTRY DAY SCHOOL 545 CABOT STREET BEVERLY MA 01915	04-2104926	501C3	47,500				
(8)	SI SE PUEDE, INC. 68 MELVIN STREET LAWRENCE MA 01841	22-2632181	501C3	51,000				
(9)	SIMMONS UNIVERSITY 300 THE FENWAY BOSTON MA 02115	04-2103629	501C3	8,450				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2022**

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Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **ESSEX COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **04-3407816**

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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	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS MA 01923	53-0196617	501C3	224,000				
(2)	ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS MA 01923	53-0196617	501C3	6,000				
(3)	ST. JOSEPH SCHOOL 15 GOULD STREET WAKEFIELD MA 01880		501C3	15,000				
(4)	ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON NY 13617	15-0532239	501C3	8,250				
(5)	ST. PAUL'S CHURCH 166 HIGH STREET NEWBURYPORT MA 01950		501C3	44,163				
(6)	STRAIGHT AHEAD MINISTRIES, INC. 791 MAIN STREET WORCESTER MA 01610	04-3103694	501C3	40,000				
(7)	SUENOS BASKETBALL 2 LINDEN STREET LWRENCE MA 01841	47-4540840	501C3	17,000				
(8)	SUMMITS EDUCATION 800 BOYLSTON ST., STE. 300 BOSTON MA 02199	47-2768711	501C3	15,000				
(9)	SYRACUSE UNIVERSITY 119 BOWNE HALL SYACUSE NY 13244	15-0532081	501C3	15,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TEK COLLABORATIVE 14 CEDAR STREET, STUDIO 213 AMESBURY MA 01913	88-1212411	501C3	100,000				
(2)	THE CANDLE'S FLAME 9 LAKEVIEW AVENUE DANVERS MA 01923	88-0774789	501C3	13,230				
(3)	THE OUTREACH PROGRAM, INC. 301 CENTER STREET POST OFFICE BOX 3 UNION IA 50258	20-0636360	501C3	25,000				
(4)	THE REAL PROGRAM, INC. 17 ATLANTIC STREET LYNN MA 01902	46-3105431	501C3	20,000				
(5)	THE SALEM PANTRY PO BOX 295 SALEM MA 01970	20-1691756	501C3	55,750				
(6)	THE TREVOR PROJECT INC. PO BOX 69232 WEST HOLLYWOOD CA 90069	95-4681287	501C3	13,000				
(7)	THREE SISTERS GARDEN PROJECT INC 10 JEFFERY'S NECK ROAD PO BOX 422 IPSWICH MA 01938	82-5144854	501C3	104,960				
(8)	TIMANOUS FOUNDATION 23 PAWSON ROAD BRNFORD CT 06405	35-2580434	501C3	10,000				
(9)	TIMANOUS FOUNDATION PO BOX 2886 SOUTHPORTLAND ME 04116	35-2580434	501C3	25,000				

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Schedule I (Form 990) (2022)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1)	TISCH COLLEGE, TUFTS UNIVERSITY 163 PACKARD AVENUE BARNUM HALL MEDFORD MA 02155	04-2103634	501C3	20,000				
(2)	TOWN OF ANDOVER 36 BARTLET STREET ANDOVER MA 01810	04-6001069	501C3	312,500				
(3)	TOWN OF ANDOVER 36 BARTLET STREET ANDOVER MA 01810		501C3	47,500				
(4)	TOWN OF NORTH ANDOVER 566 MAIN STREET NORTH ANDOVER MA 01833		501C3	25,000				
(5)	TOWN OF NORTH ANDOVER 120 MAIN STREET NORTH ANDOVER MA 01845		501C3	350,000				
(6)	TRINITY COLLEGE 300 SUMMIT STREET HARTFORD CT 06106	06-0646927	501C3	5,100				
(7)	TRIVIUM LIFE SERVICES INC 2122 LOWER PLAIN RD. BRADFORD VT 05033	42-1041046	501C3	20,000				
(8)	TRUSTEES OF PHILLIPS ACADEMY 180 MAIN STREET ANDOVER MA 01810	04-2103579	501C3	27,500				
(9)	TRUSTEES OF RESERVATIONS 200 HIGH STREET 4TH FLOOR BOSTON MA 02110	04-2105780	501C3	38,000				

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(1)	TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON STREET, #231 BOSTON MA 02111	04-2810022	501C3	125,000				
(2)	TURNING POINT USA NFP 4940 EAST BEVERLY ROAD PHOENIX AZ 85044	80-0835023	501C3	10,500				
(3)	UMASS LOWELL INNOVATION HUB 2 MERRIMACK STREET, 3RD FLOOR HAVERHILL MA 01830	04-2607130	501C3	25,000				
(4)	UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD CT 06117	06-0731360	501C3	5,500				
(5)	UNIVERSITY OF MAINE 5703 ALUMNI HALL, ROOM 100 ORONO ME 04464		501C3	10,500				
(6)	UNIVERSITY OF MASSACHUSETTS - BOSTON 100 MORRISSEY BLVD. BOSTON MA 02125	04-6013152	501C3	8,950				
(7)	UNIVERSITY OF MASSACHUSETTS AMHERST 215 WHITMORE BUILDING 181 PRESIDENT AMHERST MA 01003	54-2084125	501C3	19,900				
(8)	UNIVERSITY OF MASSACHUSETTS LOWELL 220 PAWTUCKET STREET LOWELL MA 01854	04-2607130	501C3	42,975				
(9)	UNIVERSITY OF MIAMI 1320 S DIXIE HIGHWAY CORAL GABLES FL 33146	59-0624458	501C3	10,000				

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(1)	UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH ROAD BIDDEFORD ME 04005	01-0211810	501C3	9,000				
(2)	UNIVERSITY OF NEW HAMPSHIRE PARSONS HALL N139 DURHAM NH 03824	02-0437506	501C3	16,400				
(3)	UNIVERSITY OF SAN FRANCISCO 2130 FULTON STREET SAN FRANCISCO CA 94117	94-1156628	501C3	6,000				
(4)	URBAN FOOD INITIATIVE DBA DAILY TAB 420 WASHINGTON STREET DORCHESTER MA 02114	46-0673197	501C3	120,000				
(5)	UTEC, INC 15 WARREN STREET, NO. 3 LOWELL MA 01852	38-3669532	501C3	363,250				
(6)	VNA CARE NETWORK INC. 199 ROSEWOOD DRIVE, SUITE 180 DANVERS MA 01923	04-2103825	501C3	22,273				
(7)	WELCOME IMMIGRANT NETWORK 15 WARREN STREET PEABODY MA 01960	82-5500713	501C3	12,623				
(8)	WELLSPRING HOUSE INC. 302 ESSEX AVENUE GLOUCESTER MA 01930	04-2735048	501C3	136,500				
(9)	WENHAM MUSEUM 132 MAIN STREET WENHAM MA 01984	04-2152010	501C3	6,000				

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Name of the organization **ESSEX COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **04-3407816**

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(1)	WINDRUSH FARM THERAPEUTIC EQUITATIO 479 LACY STREET NORTH ANDOVER MA 01845	04-2476717	501C3	12,500				
(2)	WOMEN'S MONEY MATTERS 6 LIBERTY SQUARE #2697 BOSTON MA 02109	90-0688545	501C3	115,000				
(3)	WOODWELL CLIMATE RESEARCH CENTER 149 WOODS HOLE ROAD FALMOUTH MA 02540	04-3005094	501C3	30,000				
(4)	WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER MA 01609	04-2121659	501C3	9,000				
(5)	YALE UNIVERSITY 246 CHURCH STREET CARM COZZA COMPLE NEW HAVEN CT 06520	06-0646973	501C3	100,000				
(6)	YMCA OF METRO NORTH 2 CENTENNIAL DRIVE, SUITE 390B PEABODY MA 01960	04-2105883	501C3	102,750				
(7)	YMCA OF THE NORTH SHORE INC. 200 CUMMINGS CENTER, SUITE 173D BEVERLY MA 01915	04-2104913	501C3	151,256				
(8)	YMCAS OF THE USA 101 NORTH WACKER DRIVE SUITE 1600 CHICAGO IL 60606	36-3258696	501C3	10,000				
(9)	YOUTH DEVELOPMENT ORGANIZATION, INC 15 UNION STREET #563 LAWRENCE MA 01840	04-3571721	501C3	244,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

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Internal Revenue Service

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Employer identification number  
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(1)	YOUTHSERVE INC 2717 7TH AVENUE S, #105 GRANT ID AL 35233	63-1278901	501C3	10,000				
(2)	YWCA NEWBURYPORT 13 MARKET STREET NEWBURYPORT MA 01950	04-2123678	501C3	36,350				
(3)	YWCA NORTHEASTERN MASSACHUSETTS 38 LAWRENCE STREET LAWRENCE MA 01840	04-2130847	501C3	7,000				
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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 Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
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04-3407816

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 M ELIZABETH FRANCIS PRESIDENT AND CEO	(i)	204,538	0	0	6,586	447	211,571	0
	(ii)	0	0	0	0	0	0	0
2 STRATTON LLOYD COO	(i)	155,846	0	0	5,131	14,933	175,910	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**2022**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOUNDATION, INC.

Employer identification number

04-3407816

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	25	1,653,076	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				
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 V, Donee Acknowledgement **29**

	Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		



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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization	ESSEX COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	04-3407816
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## FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE CFO REVIEWS THE RETURN AND THEN SENDS IT TO THE TREASURER FOR REVIEW. A COPY IS SENT TO EACH BOARD MEMBER BEFORE THE RETURN IS REVIEWED AND SIGNED BY THE CEO AND FILED.

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

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

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

Name of the organization

Employer identification number

ESSEX COUNTY COMMUNITY

04-3407816

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
PUBLISHED ON THE ORGANIZATION'S WEBSITE OR DOCUMENTS AVAILABLE UPON REQUEST

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

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS \$ -304,686

PROGRAM EVENT EXPENSES \$ -396,500

GRANTS DISTRIBUTED FROM AGENCY ENDOWMENT FUNDS \$ 411,914

PROGRAM EVENT EXPENSES \$ 396,500

TOTAL \$ 107,228

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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

**2022**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ESSEX COUNTY COMMUNITY  
FOUNDATION, INC.

Employer identification number

04-3407816

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

(a) 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)							



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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

**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) .....													

