

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024Open to Public
Inspection**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ESSEX COUNTY COMMUNITY FOUNDATION, INC.		D Employer identification number 04-3407816	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 CUMMINGS CENTER 5450		E Telephone number 978-777-8876	
	City or town, state or province, country, and ZIP or foreign postal code BEVERLY, MA 01915		G Gross receipts \$ 41,663,035.	
	F Name and address of principal officer: STRATTON C LLOYD SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.ECCF.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: MA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	96
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,962,146.	Current Year 19,338,087.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,593,188.	5,223,671.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,997.	127,969.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,567,331.	24,689,727.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,301,346.	14,415,399.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,111,467.	2,091,549.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	979,573.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,698,726.	1,847,874.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,111,539.	18,354,822.
	19 Revenue less expenses. Subtract line 18 from line 12	-2,544,208.	6,334,905.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 134,350,244.	End of Year 150,520,110.
	21 Total liabilities (Part X, line 26)	26,189,121.	28,469,314.
	22 Net assets or fund balances. Subtract line 21 from line 20	108,161,123.	122,050,796.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ALLAN HUNTLEY, TREASURER Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	CHARLES J. WEBB, CPA	CHARLES J. WEBB, CPA	11/25/25		P01584539
Preparer Use Only	Firm's name	Firm's EIN			
	AAFCPAS, INC.	04-2571780			
Preparer Use Only	Firm's address	Phone no.			
	50 WASHINGTON STREET WESTBOROUGH, MA 01581	508-366-9100			

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

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

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No**
-
- If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No**
-
- If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **15,631,725.** including grants of \$ **14,415,399.**) (Revenue \$)
TO RAISE AND DISTRIBUTE FUNDS FROM THE COMMUNITY FOR THE BENEFIT OF CHARITABLE ORGANIZATIONS PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses **15,631,725.**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 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>	24a	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	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>	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>	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	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>	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>	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 88	
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?	1c X	

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

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

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

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

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
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 Enter the number of voting members included on line 1a, above, who are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

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, INC. - 978-777-8876
500 CUMMINGS CENTER, 5450, BEVERLY, MA 01915

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) STRATTON C LLOYD PRESIDENT & CEO (AS OF 7/2024)	40.00			X				193,256.	0.	21,307.
(2) STACEY LANDRY SVP ADVANCEMENT, PHILANTHROPIC SERVI	40.00				X			129,595.	0.	20,343.
(3) CAROL SCHUSTER VP COMMUNITY ENGAGEMENT	40.00				X			116,953.	0.	18,894.
(4) J. BRITTON HUTCHINS CFO	32.00			X				114,597.	0.	19,007.
(5) M ELIZABETH FRANCIS PRESIDENT AND CEO (UNTIL 6/24)	40.00			X				115,394.	0.	9,425.
(6) RICHARD SUMBERG CHAIRMAN OF THE BOARD	2.00	X		X				0.	0.	0.
(7) ROBERT GORE CHAIR OF GOVERNANCE	1.00	X		X				0.	0.	0.
(8) JONATHAN PAYSON CHAIR OF INVESTMENT	1.00	X		X				0.	0.	0.
(9) ANA COLMENERO VICE CHAIR	1.00	X		X				0.	0.	0.
(10) ALLAN HUNTLEY TREASURER	1.00	X		X				0.	0.	0.
(11) ROBERT GOLDMAN CLERK	1.00	X		X				0.	0.	0.
(12) RICHARD YAGJIAN TRUSTEE	1.00	X						0.	0.	0.
(13) BENJAMIN LANGILLE TRUSTEE	1.00	X						0.	0.	0.
(14) JOHN COLUCCI TRUSTEE	1.00	X						0.	0.	0.
(15) CHRISTINE ORTIZ TRUSTEE	1.00	X						0.	0.	0.
(16) PAMELA SCOTT TRUSTEE	1.00	X						0.	0.	0.
(17) AMY KINGMAN TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) DEAN MARSH TRUSTEE	1.00	X						0.	0.	0.
(19) LANE GLENN TRUSTEE	1.00	X						0.	0.	0.
(20) CHARLTON REYNERS TRUSTEE	1.00	X						0.	0.	0.
(21) LUIS ROMAN TRUSTEE	1.00	X						0.	0.	0.
(22) DONECA THURSTON-CHAVEZ TRUSTEE	1.00	X						0.	0.	0.
(23) ROSARIO UBIERA-MINAYA TRUSTEE	1.00	X						0.	0.	0.
(24) PATRICIA FAEHO TRUSTEE (UNTIL 9/2024)	1.00	X						0.	0.	0.
1b Subtotal								669,795.	0.	88,976.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								669,795.	0.	88,976.

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Form 990 (2024)

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	485,089.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	281,380.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,571,618.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,317,618.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,763,843.			3763843.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b		17,868,812.			
	c Gain or (loss)	7c		16,408,984.			
	d Net gain or (loss)			1,459,828.			1459828.
	8 a Gross income from fundraising events (not including \$ 485,089. of contributions reported on line 1c). See Part IV, line 18	8a		1,459,828.			
	b Less: direct expenses	8b		692,293.			
	c Net income or (loss) from fundraising events			564,324.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a		127,969.			127,969.
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			24,689,727.	0.	0.	5351640.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,751,640.	13,751,640.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	628,759.	628,759.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	35,000.	35,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	413,711.	52,001.	309,709.	52,001.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,376,669.	319,509.	597,898.	459,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,746.	7,982.	14,205.	11,559.
9 Other employee benefits	134,110.	31,737.	57,307.	45,066.
10 Payroll taxes	133,313.	27,996.	66,656.	38,661.
11 Fees for services (nonemployees):				
a Management				
b Legal	329.		329.	
c Accounting	43,809.		43,809.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,506.		39,506.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	599,505.	550,807.	48,698.	
12 Advertising and promotion	73,966.			73,966.
13 Office expenses	112,958.	23,203.	57,714.	32,041.
14 Information technology				
15 Royalties				
16 Occupancy	97,669.	23,333.	55,555.	18,781.
17 Travel	285,255.	59,904.	142,628.	82,723.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,792.	3,106.	7,396.	4,290.
23 Insurance	16,777.	3,523.	8,389.	4,865.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	443,342.	93,102.	221,671.	128,569.
b REPAIRS AND MAINTENANCE	95,825.	20,123.	47,913.	27,789.
c TRAINING	24,141.		24,141.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,354,822.	15,631,725.	1,743,524.	979,573.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,191,097.	1	1,643,036.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	118,266.	4	75,563.
	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	70,045.	9	69,065.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 153,000.		
	b Less: accumulated depreciation	10b 32,448.		
	11 Investments - publicly traded securities	87,932.	10c	120,552.
	12 Investments - other securities. See Part IV, line 11	130,972,886.	11	147,780,249.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	910,018.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	134,350,244.	15	831,645.	
17 Accounts payable and accrued expenses	538,999.	16	150,520,110.	
18 Grants payable	1,926,965.	17	265,831.	
19 Deferred revenue		18	1,935,278.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to 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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,723,157.	24		
26 Total liabilities. Add lines 17 through 25	26,189,121.	25	26,268,205.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	28,469,314.	
28 Net assets without donor restrictions	100,258,578.	27	113,196,430.	
29 Net assets with donor restrictions	7,902,545.	28	8,854,366.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	108,161,123.	32	122,050,796.	
35 Total liabilities and net assets/fund balances	134,350,244.	33	150,520,110.	

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,689,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,354,822.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,334,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,161,123.
5	Net unrealized gains (losses) on investments	5	7,554,768.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	122,050,796.

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

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

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ 1 A church, convention, or association 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). _____

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12947079.	14427769.	10139947.	11962146.	19338087.	68815028.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12947079.	14427769.	10139947.	11962146.	19338087.	68815028.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1869484.
6 Public support. Subtract line 5 from line 4.						66945544.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	12947079.	14427769.	10139947.	11962146.	19338087.	68815028.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1716037.	1993842.	2629892.	3553151.	3763843.	13656765.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						82471793.
12 Gross receipts from related activities, etc. (see instructions)					12	2,467,828.
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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	81.17	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	82.83	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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			

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

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.)

COPY

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number (EIN)

04-3407816

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and EINs 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-.

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

Schedule C (Form 990) 2024

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		18,354,822.													
e Total exempt purpose expenditures (add lines 1c and 1d)		18,354,822.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

SCHEDULE D

(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	159	64
2 Aggregate value of contributions to (during year)	13,326,672.	2,127,520.
3 Aggregate value of grants from (during year)	6,849,685.	4,531,628.
4 Aggregate value at end of year	54,208,419.	15,966,856.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II

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

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

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

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

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	25,611,328.	23,819,226.	22,286,942.	26,640,252.	21,565,127.
b Contributions	416,429.	451,974.	742,461.	903,050.	904,229.
c Net investment earnings, gains, and losses	3,022,691.	3,099,971.	2,335,583.	-3,500,248.	5,663,376.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,747,978.	1,759,843.	1,545,760.	1,756,112.	1,492,480.
f Administrative expenses					
g End of year balance	27,302,470.	25,611,328.	23,819,226.	22,286,942.	26,640,252.

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

a Board designated or quasi-endowment 67.5700 %

b Permanent endowment 21.0500 %

c Term endowment 11.3800 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		153,000.	32,448.	120,552.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				120,552.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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	25,358,612.
	(3) OPERATING LEASE LIABILITY	909,593.
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		26,268,205.

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

Schedule D (Form 990) (Rev. 12-2024)

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

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, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATED FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2025. THE FOUNDATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Part XIII Supplemental Information *(continued)*

COPY

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

04-3407816

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

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

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

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

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

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

Schedule F (Form 990) (Rev. 12-2024)

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)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HELP POLISH SOCIETY IN FINDING SOLUTIONS TO COMPLEX ENVIRONMENTAL ISSUES.	35,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

1

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

Part III can be duplicated if additional space is needed.

[illegible]

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

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.

COPY

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1 BLUEFIN BLOWOUT	(b) Event #2 THE FUND FOR THE FOUNDATI	(c) Other events 3	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	926,452.	106,801.	144,129.	1,177,382.
	2 Less: Contributions	380,413.	52,500.	52,176.	485,089.
	3 Gross income (line 1 minus line 2)	546,039.	54,301.	91,953.	692,293.
Direct Expenses	4 Cash prizes	145,000.			145,000.
	5 Noncash prizes				
	6 Rent/facility costs	13,440.			13,440.
	7 Food and beverages	113,674.	9,333.	47,704.	170,711.
	8 Entertainment	32,310.	2,260.	1,625.	36,195.
	9 Other direct expenses	117,836.	61,312.	19,830.	198,978.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				564,324.
	11 Net income summary. Subtract line 10 from line 3, column (d)				127,969.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

COPY

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
04-3407816

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ROOT NS, INC. 35 CONGRESS STREET, SUITE 2350 SALEM, MA 01970	47-5454938	501C3	576,250.	0.			OTHER
CITY OF SALEM SALEM CITY HALL SALEM, MA 01970		GOV	561,569.	0.			OTHER
THE COMMUNITY GROUP, INC. 190 HAMPSHIRE STREET LAWRENCE, MA 01840	04-2473133	501C3	409,393.	0.			EDUCATION AND YOUTH DEVELOPMENT
ALZHEIMER'S ASSOCIATION 320 NEVADA STREET, SUITE 201 NEWTON, MA 02460	13-3039601	501C3	382,200.	0.			HEALTH AND MENTAL HEALTH
WELLSPRING HOUSE INC. 302 ESSEX AVENUE GLOUCESTER, MA 01930	04-2735048	501C3	314,500.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
CAPE ANN MUSEUM, INC. 27 PLEASANT STREET GLOUCESTER, MA 01930-5909	04-2143545	501C3	308,896.	0.			ARTS AND CULTURE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **295.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LAWRENCE COMMUNITY ACTION COUNCIL INC - ATTN: DEVELOPMENT OFFICE - LAWRENCE, MA 01840	04-2397449	501C3	246,852.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
GROUNDWORK LAWRENCE 50 ISLAND STREET, SUITE 101, ENTRAN LAWRENCE, MA 01840	04-3546770	501C3	246,193.	0.			EDUCATION AND YOUTH DEVELOPMENT
LEADS INC PO BOX 1531 LAWRENCE, MA 01840	87-1328553	501C3	228,000.	0.			OTHER
BOSTON MEDFLIGHT 150 HANSCOM DRIVE BEDFORD, MA 01730	22-2582060	501C3	205,132.	0.			OTHER
BOSTON UNIVERSITY PO BOX 23656 NEW YORK, NY 10087-3656	04-2103547	501C3	200,000.	0.			OTHER
ANDOVER COMMUNITY TRUST PO BOX 5038 ANDOVER, MA 01810	04-3159877	501C3	182,052.	0.			OTHER
ESSEX NORTH SHORE AGRICULTURAL & TECHNICAL SCHOOL - 565 MAPLE STREET - HATHORNE, MA 01937	27-1237978	501C3	181,046.	0.			OTHER
HARVEY GIRLS INC. 184 PLEASANT VALLEY STREET, STE 2-2 METHUEN, MA 01844	47-3237138	501C3	170,877.	0.			OTHER
PEABODY ESSEX MUSEUM 161 ESSEX STREET SALEM, MA 01970	04-3157815	501C3	158,500.	0.			ARTS AND CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOUCESTER LYCEUM AND SAWYER FREE LIBRARY - 2 DALE AVENUE - GLOUCESTER, MA 01930	04-2173047	501C3	155,500.	0.			OTHER
NORTH SHORE COMMUNITY COLLEGE 1 FERNCROFT ROAD DANVERS, MA 01923	22-2485476	501C3	150,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
LAWRENCE COMMUNITY WORKS, INC. 168 NEWBURY STREET LAWRENCE, MA 01841	04-2982308	501C3	149,952.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
JEANNE GEIGER CRISIS CENTER 2 HARRIS STREET NEWBURYPORT, MA 01950	22-2474823	501C3	146,702.	0.			HEALTH AND MENTAL HEALTH
GREATER LAWRENCE FAMILY HEALTH CENTER, INC. - ATTN: MS. LAURA BURNS, ADVANCEMENT OFFICE - METHUEN, MA 01844	04-2708824	501C3	141,096.	0.			HEALTH AND MENTAL HEALTH
PINGREE SCHOOL INC 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	04-2279977	501C3	139,250.	0.			EDUCATION AND YOUTH DEVELOPMENT
HARVARD CORPORATION 86 BRATTLE STREET CAMBRIDGE, MA 02138	04-2103580	501C3	139,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CITY OF HAVERHILL 4 SUMMER STREET, CITY HALL ROOM 309 HAVERHILL, MA 01830		GOV	138,012.	0.			OTHER
SI, SE PUEDE 131 MAIN STREET PO BOX 53 NORTH ANDOVER, MA 01845	22-2632181	501C3	136,631.	0.			EDUCATION AND YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SHORE COMMUNITY DEVELOPMENT COALITION INC. - 96 LAFAYETTE STREET, 2ND FLOOR - SALEM, MA 01970	04-2686893	501C3	133,250.	0.			HOUSING AND FOOD SECURITY
PATHWAYS FOR CHILDREN INC 29 EMERSON AVENUE GLOUCESTER, MA 01930-2660	04-2694002	501C3	132,042.	0.			EDUCATION AND YOUTH DEVELOPMENT
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON STREET, #231 BOSTON, MA 02111	04-2810022	501C3	125,000.	0.			HEALTH AND MENTAL HEALTH
NORTH SHORE WORKERS COMMUNITY FUND INC. D/B/A NEW LYNN COALITION - 112 EXCHANGE STREET - LYNN, MA 01901	38-3851441	501C3	120,000.	0.			OTHER
BACKYARD GROWERS 103R MAPLEWOOD AVENUE GLOUCESTER, MA 01930	47-1553021	501C3	114,000.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	04-2104875	501C3	114,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
BEYOND SOCCER, INC. 280 MERRIMACK STREET, SUITE 311 LAWRENCE, MA 01843	45-0648718	501C3	111,851.	0.			EDUCATION AND YOUTH DEVELOPMENT
COR UNUM MEAL CENTER 118 SOUTH BROADWAY LAWRENCE, MA 01843	53-0196617	501C3	107,982.	0.			OTHER
MASS GENERAL HOSPITAL 100 CAMBRIDGE STREET, SUITE 1310 BOSTON, MA 02114	04-3230035	501C3	107,500.	0.			HEALTH AND MENTAL HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OPEN DOOR 28 EMERSON AVENUE GLOUCESTER, MA 01930-2555	22-2513482	501C3	105,100.	0.			OTHER
CITIZENS INN, INC. 81 MAIN STREET PEABODY, MA 01960	22-2540856	501C3	100,750.	0.			HOUSING AND FOOD SECURITY
OCEAN RIVER INSTITUTE 12 ELIOT STREET CAMBRIDGE, MA 02138	20-8273235	501C3	100,000.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
YALE UNIVERSITY PO BOX 208232 NEW HAVEN, CT 06520-8232	06-0646973	501C3	100,000.	0.			OTHER
ANDOVER PUBLIC SCHOOLS 36R BARTLET STREET ANDOVER, MA 01810		GOV	93,623.	0.			EDUCATION AND YOUTH DEVELOPMENT
WAYSTONE HEALTH AND HUMAN SERVICES 439 SOUTH UNION STREET, NO. 401 LAWRENCE, MA 01843	04-2499679	501C3	90,526.	0.			OTHER
PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM, MA 01970	04-2104844	501C3	87,350.	0.			EDUCATION AND YOUTH DEVELOPMENT
ESPERANZA ACADEMY, INC. 198 GARDEN STREET LAWRENCE, MA 01840	72-1722348	501C3	86,851.	0.			EDUCATION AND YOUTH DEVELOPMENT
GLOUCESTER MARINE GENOMICS INSTITUTE - 417 MAIN STREET - GLOUCESTER, MA 01930	46-3020006	501C3	86,333.	0.			OTHER

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE, MA 01841-4722	04-2104377	501C3	82,175.	0.			EDUCATION AND YOUTH DEVELOPMENT
ESSEX COUNTY GREENBELT ASSOCIATION, INC. - 82 EASTERN AVENUE - ESSEX, MA 01929-1329	04-2664297	501C3	81,773.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
TRUSTEES OF THE HAVERHILL PUBLIC LIBRARY - 99 MAIN STREET - HAVERHILL, MA 01830-5044	04-6047497	501C3	80,661.	0.			OTHER
ST. MARY'S LYNN 35 TREMONT STREET LYNN, MA 01902		501C3	80,250.	0.			OTHER
HEALING ABUSE WORKING FOR CHANGE (HAWC) - 27 CONGRESS STREET, SUITE 204 - SALEM, MA 01970	04-2655367	501C3	80,000.	0.			HEALTH AND MENTAL HEALTH
THE HAVEN PROJECT 57 MUNROE STREET LYNN, MA 01901	45-3797693	501C3	79,500.	0.			OTHER
TEK COLLABORATIVE 14 CEDAR STREET, STUDIO 213 AMESBURY, MA 01913	88-1212411	501C3	78,000.	0.			SCIENCE AND RESEARCH
ROCKPORT MUSIC 16 MAIN STREET ROCKPORT, MA 01966	22-2479696	501C3	76,100.	0.			ARTS AND CULTURE
ENDICOTT COLLEGE 376 HALE STREET BEVERLY, MA 01915	04-2103567	501C3	75,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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LEAP FOR EDUCATION, INC. 35 CONGRESS STREET, SUITE 102 SALEM, MA 01970	47-1445061	501C3	70,750.	0.			EDUCATION AND YOUTH DEVELOPMENT
GREEN BEVERLY 100 CUMMINGS CENTER, SUITE 350-E BEVERLY, MA 01915	87-1173877	501C3	66,780.	0.			OTHER
ELEVATED THOUGHT INC. 15 UNION STREET, SUITE 608 LAWRENCE, MA 01840	27-3519031	501C3	65,000.	0.			ARTS AND CULTURE
RAW ART WORKS 37 CENTRAL SQUARE LYNN, MA 01901	22-2854850	501C3	63,750.	0.			ARTS AND CULTURE
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN STREET ANDOVER, MA 01810	04-2103579	501C3	63,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
FRIENDS OF THE NORTH ANDOVER SENIOR CENTER - PO BOX 661 - NORTH ANDOVER, MA 01845	58-2678514	501C3	61,267.	0.			OTHER
STRAIGHT AHEAD MINISTRIES, INC. 791 MAIN STREET WORCESTER, MA 01610	04-3103694	501C3	60,351.	0.			EDUCATION AND YOUTH DEVELOPMENT
BEVERLY BOOTSTRAPS COMMUNITY SERVICES, INC. - 35 PARK STREET - BEVERLY, MA 01915	04-3254507	501C3	59,023.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
SOUTH CHURCH IN ANDOVER 41 CENTRAL STREET ANDOVER, MA 01810	13-1957221	501C3	56,175.	0.			OTHER

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THE GLOUCESTER FUND INC 44 1/2 MAIN STREET, UNIT 1 GLOUCESTER, MA 01930	04-3521016	501C3	55,000.	0.			OTHER
YMCA OF METRO NORTH 2 CENTENNIAL DRIVE, SUITE 390B PEABODY, MA 01960	04-2105883	501C3	52,500.	0.			OTHER
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501C3	52,250.	0.			OTHER
CONNECTICUT CHILDREN'S MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	22-2619869	501C3	50,000.	0.			HEALTH AND MENTAL HEALTH
CULTIVATE PATHWAYS PO BOX 109 WALPOLE, MA 02081	81-5089505	501C3	50,000.	0.			OTHER
MACIR, INC. 175 MCCLELLAN HIGHWAY, SUITE 5 EAST BOSTON, MA 02128	82-3241846	501C3	50,000.	0.			OTHER
MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186	04-2103603	501C3	50,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
SHORE COUNTRY DAY SCHOOL 545 CABOT STREET BEVERLY, MA 01915	04-2104926	501C3	50,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
VINFEN 950 CAMBRIDGE STREET CAMBRIDGE, MA 02141	04-2632219	501C3	50,000.	0.			OTHER

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BROTHERS IN ARMS MEN'S SUPPORT CIRCLE - 7 CYPRESS AVENUE - METHUEN, MA 01844	04-2104054	501C3	48,281.	0.			OTHER
HARBORLIGHT HOMES 600 CUMMINGS CENTER, SUITE 270X BEVERLY, MA 01923	04-2313571	501C3	47,200.	0.			OTHER
GUNSTON SCHOOL 911 GUNSTON ROAD CENTREVILLE, MD 21617	52-0614282	501C3	45,000.	0.			OTHER
WOMEN'S MONEY MATTERS 6 LIBERTY SQUARE NO. 2697 BOSTON, MA 02109	90-0688545	501C3	45,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
NEIGHBORS IN NEED PO BOX 447 LAWRENCE, MA 01842	22-2481699	501C3	43,443.	0.			HOUSING AND FOOD SECURITY
MERRIMACK VALLEY YMCA 280 MERRIMACK STREET, SUITE 500 LAWRENCE, MA 01843	04-2104378	501C3	40,140.	0.			EDUCATION AND YOUTH DEVELOPMENT
FIRST BAPTIST CHURCH IN BEVERLY 221 CABOT STREET BEVERLY, MA 01915	13-5563018	501C3	40,000.	0.			RELIGION
NECTAR COMMUNITY INVESTMENTS, INC. 50 ISLAND STREET ENTRY B LAWRENCE, MA 01840	04-3571892	501C3	40,000.	0.			OTHER
ISSUE ONE 1401 K STREET NW, SUITE 350 WASHINGTON, DC 20005	32-0384285	501C3	35,000.	0.			OTHER

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PREP FOR PREP 328 WEST 71ST STREET NEW YORK, NY 10023	13-2613383	501C3	34,352.	0.			OTHER
LIFEBRIDGE NORTH SHORE LIFEBRIDGE DEVELOPMENT OFFICE SALEM, MA 01970	20-4539306	501C3	34,250.	0.			HOUSING AND FOOD SECURITY
ACORD FOOD PANTRY PO BOX 2203 SOUTH HAMILTON, MA 01982	04-3253511	501C3	33,500.	0.			OTHER
WALDORF SCHOOL AT MORaine FARM 701 CABOT STREET BEVERLY, MA 01915	04-2861201	501C3	32,600.	0.			OTHER
NORTH END MUSIC AND PERFORMING ARTS CENTER (NEMPAC) - 50 TILESTON STREET - BOSTON, MA 02113	04-3545228	501C3	31,250.	0.			OTHER
CASA MARIPOSA 20 POND STREET MARBLEHEAD, MA 01945	85-0586143	501C3	31,000.	0.			OTHER
GLOUCESTER STAGE COMPANY 267 EAST MAIN STREET GLOUCESTER, MA 01930	04-2485199	501C3	30,500.	0.			ARTS AND CULTURE
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703		GOV	30,000.	0.			OTHER
COLUMBIA LAND CONSERVANCY 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501C3	30,000.	0.			OTHER

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HAVERHILL PUBLIC SCHOOL 137 MONUMENT STREET HAVERHILL, MA 01832-2526	30-0796364	GOV	30,000.	0.			OTHER
LYSOA INC 312 A UNION STREET LYNN, MA 01901	45-1619271	501C3	30,000.	0.			OTHER
OUR NEIGHBOR'S TABLE 145 MAIN STREET AMESBURY, MA 01913	04-3153941	501C3	30,000.	0.			OTHER
SEAGLASS VILLAGE 40 MONUMENT AVENUE SWAMPSCOTT, MA 01907	85-3222603	501C3	30,000.	0.			OTHER
CHANGE IS SIMPLE 100 CUMMINGS CENTER, SUITE 227Q BEVERLY, MA 01915-6241	45-1463482	501C3	29,770.	0.			OTHER
NEW AMERICAN ASSOCIATION OF MASSACHUSETTS INC. - 330 LYNNWAY, SUITE 302 - LYNN, MA 01901	04-3102943	501C3	29,500.	0.			HUMAN RIGHTS
NORTH SHORE ALLIANCE OF GAY & LESBIAN YOUTH (NAGLY) - 2 EAST INDIA SQUARE, SUITE 121 - SALEM, MA 01970	04-3399331	501C3	29,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
FRIENDS OF MIDDLESEX FELS RESERVATION INC - 235 WEST FOSTER STREET - MELROSE, MA 02176	22-3278797	501C3	27,899.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
AARON'S PRESENTS 180 MAIN STREET ANDOVER, MA 01810	46-4010444	501C3	27,200.	0.			OTHER

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PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET, FL 10 - NEW YORK, NY 10038	13-1644147	501C3	27,000.	0.			OTHER
REFOREST THE TROPICS 28G COTTRELL STREET MYSTIC, CT 06355	06-1449475	501C3	27,000.	0.			OTHER
SALEM SOUND COASTWATCH 12 FEDERAL STREET SALEM, MA 01970	04-3354518	501C3	25,500.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
BRIGHAM AND WOMEN'S HOSPITAL 263 HUNTINGTON AVENUE, #318 BOSTON, MA 02115	04-2312909	501C3	25,000.	0.			OTHER
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501C3	25,000.	0.			OTHER
FAMILIES FOR DEPRESSION AWARENESS 391 TOTTEN POND ROAD, SUITE 101 WALTHAM, MA 02451	04-3546730	501C3	25,000.	0.			OTHER
IMAGINE NORTH CAROLINA FIRST P. O. BOX 428 RALEIGH, NC 27602	46-4006055	501C3	25,000.	0.			OTHER
IMMIGRANT FAMILY SERVICES INSTITUTE - 1626 BLUE HILL AVE - MATTAPAN, MA 02126	47-4400495	501C3	25,000.	0.			OTHER
L'ARCHE BOSTON NORTH PO BOX 1177 HAVERHILL, MA 01831	04-2774177	501C3	25,000.	0.			OTHER

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BEVERLY HIGH SCHOOL 100 SOHIER ROAD BEVERLY, MA 01915		GOV	25,000.	0.			OTHER
MVYOUTH PO BOX 65 CHILMARK, MA 02535	46-5177674	501C3	25,000.	0.			OTHER
NATIONAL IMMIGRATION LAW CENTER P.O. BOX 743013 LOS ANGELES, CA 90074-3013	95-4539765	501C3	25,000.	0.			OTHER
SELF ESTEEM BOSTON EDUCATION INSTITUTE, INC. - PO BOX 301155 - JAMAICA PLAIN, MA 02130	04-3213321	501C3	25,000.	0.			OTHER
SOUTHEAST LAND TRUST MATHEY CENTER AT BURLEY FARM EPPING, NH 03042	02-0355374	501C3	25,000.	0.			OTHER
SUNDANCE INSTITUTE PO BOX 684429 PARK CITY, UT 84068	87-0361394	501C3	25,000.	0.			OTHER
WOODWELL CLIMATE RESEARCH CENTER 149 WOODS HOLE ROAD FALMOUTH, MA 02540-1644	04-3005094	501C3	25,000.	0.			OTHER
NOTRE DAME CRISTO REY HIGH SCHOOL 203 LAWRENCE STREET METHUEN, MA 01844	02-0296284	501C3	24,070.	0.			EDUCATION AND YOUTH DEVELOPMENT
BLESSED STEPHEN BELLESINI O S A ACADEMY INC - 94 BRADFORD STREET - LAWRENCE, MA 01842	04-3585445	501C3	24,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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CHALLENGE UNLIMITED AT IRONSTONE FARM - 450 LOWELL STREET - ANDOVER, MA 01810	22-2478997	501C3	23,880.	0.			OTHER
YMCA OF THE NORTH SHORE INC. 200 CUMMINGS CENTER, SUITE 173D BEVERLY, MA 01915	04-2104913	501C3	23,865.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE SHARING FOUNDATION PO BOX 600 CONCORD, MA 01742	01-0518534	501C3	23,600.	0.			OTHER
ESSEX ART CENTER 56 ISLAND STREET LAWRENCE, MA 01840	04-3238501	501C3	23,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
INCARNATION PARISH 429 UPHAM STREET MELROSE, MA 02176-3433	53-0196617	501C3	23,000.	0.			OTHER
FAMILY HEALTH PROJECT PO BOX 123 MANCHESTER, MA 01944	81-4999393	501C3	22,500.	0.			OTHER
VNA CARE NETWORK INC. 100 TRADECENTER, G500 WOBURN, MA 01801	04-2103825	501C3	22,171.	0.			OTHER
ACLU FOUNDATION OF MASSACHUSETTS INC - ONE CENTER PLAZA, SUITE 850 - BOSTON, MA 02108	47-3686152	501C3	21,000.	0.			HUMAN RIGHTS
GREATER LAWRENCE COMMUNITY BOATING PROGRAM INC - PO BOX 955 - LAWRENCE, MA 01842	04-2671824	501C3	21,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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MARION INSTITUTE 202 SPRING STREET MARION, MA 02738	04-3206583	501C3	21,000.	0.			OTHER
THE FOOD PROJECT - NORTH SHORE 10 LEWIS STREET LINCOLN, MA 01773	04-3262532	501C3	20,750.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501C3	20,500.	0.			OTHER
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	20,400.	0.			OTHER
BROOKLINE HIGH SCHOOL 115 GREENOUGH STREET BROOKLINE, MA 02445		GOV	20,000.	0.			OTHER
CONGREGATIONAL CHURCH OF TOPSFIELD 9 E COMMON STREET TOPSFIELD, MA 01983	04-2178873	501C3	20,000.	0.			OTHER
CULTURA LATINA 25 EXCHANGE STREET LYNN, MA 01901	81-3003840	501C3	20,000.	0.			OTHER
FAIR COUNT INC PO BOX 170382 ATLANTA, GA 30317	58-2421574	501C3	20,000.	0.			OTHER
KITES NEST PO BOX 1279 HUDSON, NY 12534	46-0954848	501C3	20,000.	0.			OTHER

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LAWRENCE HISTORY CENTER 6 ESSEX STREET LAWRENCE, MA 01860	04-2651157	501C3	20,000.	0.			ARTS AND CULTURE
MERRIMACK RIVER WATERSHED COUNCIL 60 ISLAND STREET, SUITE 246 LAWRENCE, MA 01840	04-2633281	501C3	20,000.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DRIVE PMB 16009 BEAVERTON, OR 97008	04-3236982	501C3	20,000.	0.			OTHER
POWER OF SELF EDUCATION (POSE) INC 41 S CENTRAL STREET HAVERHILL, MA 01835	46-5343730	501C3	20,000.	0.			OTHER
RIVER VALLEY ARTS COLLECTIVE 23 BIG ROCK LOOP KATONAH, NY 10536	83-3166973	501C3	20,000.	0.			OTHER
SAMARITANS, INC 41 WEST STREET 4TH FLOOR BOSTON, MA 02111	04-2643466	501C3	20,000.	0.			OTHER
SOCIAL VENTURE PARTNERS CONNECTICUT INC. - 1221 POST ROAD - EAST WESTPORT, CT 06880	85-1704762	501C3	20,000.	0.			OTHER
WELCOME IMMIGRANT NETWORK 15 WARREN STREET PEABODY, MA 01960	82-5500713	501C3	20,000.	0.			OTHER
THE TRUSTEES OF RESERVATIONS 200 HIGH STREET 4TH FLOOR BOSTON, MA 02110	04-2105780	501C3	18,900.	0.			ENVIRONMENT AND CLIMATE RESILIENCE

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THE SALEM PANTRY PO BOX 295 SALEM, MA 01970	20-1691756	501C3	18,750.	0.			OTHER
CAPE ANN ANIMAL AID ASSOCIATION INC. - 4 PAWS LANE - GLOUCESTER, MA 01930	04-2374914	501C3	18,300.	0.			OTHER
MSPCA ANGELL 350 S HUNTINGTON AVENUE BOSTON, MA 02130	04-2103597	501C3	18,000.	0.			OTHER
ARISE RWANDA MINISTRIES INC 8333 SE STARK STREET PORTLAND, OR 97216	88-3306938	501C3	17,500.	0.			OTHER
CASTING FOR RECOVERY, INC. 109 E OAK STREET, SUITE 1G BOZEMAN, MT 59715	03-0354382	501C3	17,500.	0.			OTHER
ONE MISSION INC PO BOX 495 WESTBOROUGH, MA 01581	26-3741880	501C3	17,500.	0.			OTHER
SWAMPSCOTT TIDES PO BOX 4 SWAMPSCOTT, MA 01907	99-2875607	501C3	17,073.	0.			OTHER
LAZARUS HOUSE MINISTRIES PO BOX 408 LAWRENCE, MA 01841	04-2755382	501C3	17,000.	0.			OTHER
WORLD CENTRAL KITCHEN PO BOX 96538 WASHINGTON, DC 20090-6538	27-3521132	501C3	17,000.	0.			OTHER

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SCIENCE FROM SCIENTISTS INC. 16 TOWER OFFICE PARK WOBURN, MA 01801	20-0792574	501C3	16,500.	0.			OTHER
MANSHIP ARTIST RESIDENCE AND STUDIOS INC - PO BOX 7071 - GLOUCESTER, MA 01930	47-5404477	501C3	15,500.	0.			ARTS AND CULTURE
BARD COLLEGE PO BOX 5000 ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501C3	15,000.	0.			OTHER
BISHOP FENWICK HIGH SCHOOL 99 MARGIN STREET PEABODY, MA 01960	56-2438553	501C3	15,000.	0.			OTHER
EAST BAPTIST CHURCH 300 WESTERN AVENUE LYNN, MA 01904-3084		501C3	15,000.	0.			OTHER
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION - 11 BEACON STREET, SUITE 722 - BOSTON, MA 02108	01-0563874	501C3	15,000.	0.			OTHER
MCLEAN HOSPITAL 115 MILL STREET, MS 126 BELMONT, MA 02478	04-3230035	501C3	15,000.	0.			OTHER
MERRIMACK VALLEY PROJECT, INC. 1045 ESSEX STREET LAWRENCE, MA 01841	04-3132443	501C3	15,000.	0.			HUMAN RIGHTS
MUSEUM OF FINE ARTS 465 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103607	501C3	15,000.	0.			ARTS AND CULTURE

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NORTH SHORE UNITED WAY INC 100 CUMMINGS CENTER, SUITES 231-C & BEVERLY, MA 01915	04-2257377	501C3	15,000.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833-2460			15,000.	0.			OTHER
PRESIDENT & TRUSTEES OF COLBY COLLEGE - 4130 MAYFLOWER HILL - WATERVILLE, ME 04901-8841	01-0211497	501C3	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
PS21 PO BOX 321 CHATHAM, NY 12037	14-1818409	501C3	15,000.	0.			OTHER
SQUASHBUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-3330698	501C3	15,000.	0.			OTHER
THE TREVOR PROJECT INC. PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501C3	15,000.	0.			OTHER
YOUTHSERVE INC 2717 7TH AVENUE S, SUITE 105 BIRMINGHAM, AL 35233	63-1278901	501C3	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
GLOUCESTER CELEBRATION CORPORATION P.O. BOX 603 GLOUCESTER, MA 01930	04-3396270	501C3	14,998.	0.			OTHER
ADDISON GILBERT HOSPITAL OFFICE OF PHILANTHROPY GLOUCESTER, MA 01930	04-2121317	501C3	14,765.	0.			HEALTH AND MENTAL HEALTH

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ACTING OUT THEATER COMPANY 56 ISLAND STREET LAWRENCE, MA 01840	06-1791023	501C3	14,500.	0.			ARTS AND CULTURE
ELIOT COMMUNITY HUMAN SERVICES INC 125 HARTWELL AVENUE LEXINGTON, MA 02421	04-2316924	501C3	14,000.	0.			OTHER
GIRLS ON THE RUN GREATER BOSTON 89 SOUTH STREET, SUITE LL00 BOSTON, MA 02111	46-3532424	501C3	14,000.	0.			OTHER
BROOKWOOD SCHOOL INC 1 BROOKWOOD ROAD MANCHESTER, MA 01944	04-2227413	501C3	13,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501C3	13,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501C3	13,000.	0.			HOUSING AND FOOD SECURITY
MONTSERRAT COLLEGE OF ART 23 ESSEX STREET BEVERLY, MA 01915	52-1859814	501C3	13,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
BEDFORD PUBLIC SCHOOLS 97 MCMAHON ROAD BEDFORD, MA 01730	04-6001082	GOV	12,898.	0.			OTHER
BREAD & ROSES 58 NEWBURY STREET LAWRENCE, MA 01840-1714	04-2768119	501C3	12,500.	0.			OTHER

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PROJECT ADVENTURE 719 CABOT STREET BEVERLY, MA 01915	04-2749823	501C3	12,460.	0.			OTHER
FIRST CONGREGATIONAL SOCIETY IN SALEM - 316 ESSEX STREET - SALEM, MA 01970	04-2111209	501C3	12,000.	0.			OTHER
GLOUCESTER EDUCATION FOUNDATION PO BOX 1104 GLOUCESTER, MA 01931	57-1224669	501C3	12,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES - 179 LONGWOOD AVENUE - BOSTON, MA 02115	04-2104700	501C3	12,000.	0.			OTHER
ROOM TO GROW NATIONAL INC SOUTH BRONX FAMILY CENTER BRONX, NY 10455	13-4012096	501C3	12,000.	0.			OTHER
SUENOS BASKETBALL 4 VANDERGRIFF STREET LAWRENCE, MA 01843	47-4540840	501C3	12,000.	0.			OTHER
THE HOME FOR LITTLE WANDERERS INC. 10 GUEST STREET BOSTON, MA 02135	04-2104764	501C3	12,000.	0.			OTHER
YOUTH DEVELOPMENT ORGANIZATION 15 UNION STREET NO. 500 LAWRENCE, MA 01840	04-3571721	501C3	11,800.	0.			EDUCATION AND YOUTH DEVELOPMENT
GREEN MOUNTAIN HORSE ASSOCIATION PO BOX 8 SOUTH WOODSTOCK, VT 05071	03-6011708	501C3	11,500.	0.			OTHER

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MARBLEHEAD NEWS GROUP 217 HUMPHREY STREET MARBLEHEAD, MA 01945	88-2367192	501C3	11,500.	0.			OTHER
WORLD AID RUNNERS 26A SILVER AVENUE FORT MITCHELL, KY 41017	92-3145586	501C3	11,333.	0.			OTHER
IPSWICH RIVER WATERSHED ASSOCIATION - 143 COUNTY ROAD - IPSWICH, MA 01938	04-2615125	501C3	11,259.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
PROSPECT HOUSE HAVERHILL SOBER LIVING, INC. - 0 LIVINGSTON LANE - NEWBURY, MA 01951	99-2918074	501C3	11,200.	0.			OTHER
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	11,100.	0.			OTHER
CABOT PERFORMING ARTS CENTER INC PO BOX 487 BEVERLY, MA 01915	47-1431634	501C3	11,000.	0.			OTHER
FRIENDS OF THE PARK ON ELM, INC. PO BOX 126 MARBLEHEAD, MA 01945	99-3309149	501C3	11,000.	0.			OTHER
MERRIMACK VALLEY IMMIGRANT & EDUCATION CENTER, INC. - 439 SOUTH UNION STREET - LAWRENCE, MA 01843	74-3093665	501C3	11,000.	0.			HUMAN RIGHTS
OXFAM AMERICA 77 N. WASHINGTON STREET, SUITE 500 BOSTON, MA 02114	23-7069110	501C3	11,000.	0.			OTHER

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NPR P.O. BOX 791490 BALTIMORE, MD 21279-1490	52-1795789	501C3	10,500.	0.			OTHER
SOMERVILLE HOMELESS COALITION 1 DAVIS SQUARE SOMERVILLE, MA 02144	04-2897447	501C3	10,500.	0.			OTHER
TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY BOSTON, MA 02241-3306	04-2103634	501C3	10,500.	0.			OTHER
VICTORIA'S VICTORY FOUNDATION 20 PORTSMOUTH AVENUE STRATHAM, NH 03885	81-4976975	501C3	10,500.	0.			OTHER
CONSERVATION LAW FOUNDATION 62 SUMMER STREET, SUITE 1 BOSTON, MA 02110-1016	04-6149986	501C3	10,250.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
152 COMMONWEALTH FOUNDATION INC 152 COMMONWEALTH AVENUE BOSTON, MA 02116	82-2467536	501C3	10,000.	0.			OTHER
ADOPT-A-STUDENT FOUNDATION C/O CATHEDRAL HIGH SCHOOL BOSTON, MA 02118	04-6665080	501C3	10,000.	0.			OTHER
ANIMAL RESCUE LEAGUE OF BOSTON C/O DEVELOPMENT DEDHAM, MA 02026	04-2103714	501C3	10,000.	0.			OTHER
ANNISQUAM YACHT CLUB SAILING & TENNIS PROGRAM INC - 17 RIVER ROAD - GLOUCESTER, MA 01930	45-1997718	501C3	10,000.	0.			OTHER

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ART OMI, INC. 1405 COUNTY ROUTE 22 GHENT, NY 12075-3809	13-3641616	501C3	10,000.	0.			OTHER
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	501C3	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
BATES COLLEGE 2 ANDREWS ROAD LEWISTON, ME 04240	01-0211781	501C3	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
BEVERLY DOLLARS FOR SCHOLARS 100 SOHIER ROAD BEVERLY, MA 01915	46-5108923	501C3	10,000.	0.			OTHER
BIG BROTHERS BIG SISTERS 184 HIGH STREET, 3RD FLOOR BOSTON, MA 02110	04-2074462	501C3	10,000.	0.			OTHER
BLUESKIES WELLNESS INC 232 PLEASANT STREET METHUEN, MA 01844	45-1584409	501C3	10,000.	0.			OTHER
BOSTON POLICE FOUNDATION 800 WEST CUMMINGS PARK, SUITE 3700 WOBURN, MA 01801	04-3209395	501C3	10,000.	0.			OTHER
BOSTON UNIVERSITY GRADUATE SCHOOL OF MANAGEMENT - 595 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2103547	501C3	10,000.	0.			OTHER
CAMP TIMANOUS PO BOX 99 RAYMOND, ME 04071	35-2580434	501C3	10,000.	0.			OTHER

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CASA 430 NORTH CANAL STREET LAWRENCE, MA 01840	04-2104054	501C3	10,000.	0.			OTHER
CHILDREN'S FRIEND 153 SUMMER STREET PROVIDENCE, RI 02903	05-0258819	501C3	10,000.	0.			OTHER
CHINMAYA MISSION BOSTON 1 UNION STREET ANDOVER, MA 01810	04-3491406	501C3	10,000.	0.			OTHER
COLLEGE FOR EVERY STUDENT INC P.O. BOX 247 ESSEX, NY 12936	22-3159630	501C3	10,000.	0.			OTHER
COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES INC. - 2608 GENESEE STREET - UTICA, NY 13502	15-6016932	501C3	10,000.	0.			OTHER
DAY 1 BAGS 118 LAKE FRONT DRIVE BOERNE, TX 78006	84-5024295	501C3	10,000.	0.			OTHER
DAY DREAMING ORGANIZATION 40 FAIRMONT STREET, APT. 2 LAWRENCE, MA 01841	84-4282351	501C3	10,000.	0.			OTHER
FIRST CONGREGATIONAL CHURCH OF ESSEX - 39 MAIN STREET - ESSEX, MA 01929	04-2842410	501C3	10,000.	0.			OTHER
FRIENDS OF THE BEVERLY FARMS LIBRARY - 32 ESSEX STREET - BEVERLY, MA 01915	51-0200337	501C3	10,000.	0.			OTHER

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FRIENDS OF THE BEVERLY PUBLIC LIBRARY - 32 ESSEX STREET - BEVERLY, MA 01915	51-0200337	501C3	10,000.	0.			OTHER
GLOUCESTER MARITIME HERITAGE CENTER INC. - 23 HARBOR LOOP - GLOUCESTER, MA 01930	04-3480870	501C3	10,000.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
HAMMOND MUSEUM INC. 80 HESPERUS AVENUE GLOUCESTER, MA 01930-5273	04-2104270	501C3	10,000.	0.			OTHER
KIPP MASSACHUSETTS INC 90 HIGH ROCK STREET LYNN, MA 01902	46-4881350	501C3	10,000.	0.			OTHER
LAWRENCE FAMILY DEVELOPMENT, INC D/B/A LAWRENCE PROSPERA - 355 HAVERHILL STREET - LAWRENCE, MA 01840	04-3177142	501C3	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
LOWELL GENERAL HOSPITAL 295 VARNUM AVENUE LOWELL, MA 01854	04-2103590	501C3	10,000.	0.			OTHER
LUNG TRANSPLANT FUND AT UNIVERSITY OF N. CAROLINA AT CHAPEL HILL - 123 W FRANKLIN STREET, SUITE 510 - CHAPEL HILL, NC 27516	56-6001393	501C3	10,000.	0.			HEALTH AND MENTAL HEALTH
LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 01901	04-2525066	501C3	10,000.	0.			HEALTH AND MENTAL HEALTH
MAKEIT HAVERHILL - COMMUNITY ACTION, INC. - 3 WASHINGTON SQUARE, 4TH FLOOR - HAVERHILL, MA 01830	04-2383153	501C3	10,000.	0.			OTHER

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MENHEALING 6033 S 1300 W TAYLORSVILLE, UT 84123	82-3764911	501C3	10,000.	0.			OTHER
NEW GEORGIA PROJECT INC 830 GLENWOOD AVE. SE, SUITE 510-221 ATLANTA, GA 30316	82-1348307	501C3	10,000.	0.			OTHER
OCTOBER AS ITALIAN HERITAGE MONTH COMMITTEE - PO BOX 185 - MEDFORD, MA 02155	04-3552107	501C3	10,000.	0.			OTHER
PAX INC DBA: PAX CENTER FOR CHRISTIAN SPIRITUAL FORMATION - ESSEX, MA 01929	32-0568438	501C3	10,000.	0.			OTHER
PLANNED PARENTHOOD OF TENNESSEE AND NORTH MISSISSIPPI - 2430 POPLAR AVENUE, SUITE 100 - MEMPHIS, TN 38112	62-6073178	501C3	10,000.	0.			OTHER
POWER OF PLACE LEARNING COMMUNITIES - 2 BURLINGTON WOODS DRIVE SUITE 100 - BELMONT, MA 01803	92-1640401	501C3	10,000.	0.			OTHER
PROJECT STEP 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	22-2505816	501C3	10,000.	0.			OTHER
REACH BEYOND DOMESTIC VIOLENCE, INC. - P.O. BOX 540024 - WALTHAM, MA 02454	04-2735449	501C3	10,000.	0.			OTHER
RIAN IMMIGRANT CENTER INC. ONE STATE STREET, SUITE 800 BOSTON, MA 02109	04-3063382	501C3	10,000.	0.			OTHER

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ROCKEFELLER PHILANTHROPY ADVISORS, INC. - 6 W 48TH STREET, 10TH FLOOR - NEW YORK, NY 10036	13-3615533	501C3	10,000.	0.			OTHER
ROCKY NECK ART COLONY INC 6 WONSON STREET GLOUCESTER, MA 01930-4183	04-2795273	501C3	10,000.	0.			ARTS AND CULTURE
SAIL SALEM, INC. 23 GLENDALE STREET SALEM, MA 01970	20-8157746	501C3	10,000.	0.			OTHER
SANCTUARY FOR FAMILIES INC. PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268	13-3193119	501C3	10,000.	0.			OTHER
SHAKER MUSEUM AND LIBRARY PO BOX 328 CHATHAM, NY 12037	14-1364601	501C3	10,000.	0.			OTHER
SHARE OUR STRENGTH INC AKA NO KID HUNGRY WASHINGTON, DC 20005	52-1367538	501C3	10,000.	0.			OTHER
SMOC LOWELL TRANSITIONAL LIVING CENTER LOWELL, MA 01852	04-2933012	501C3	10,000.	0.			OTHER
STEPPINGSTONE FOUNDATION 200 HIGH STREET, SUITE 210 BOSTON, MA 02110	04-3086666	501C3	10,000.	0.			OTHER
TENACITY, INC. 38 EVERETT STREET, SUITE 50 BOSTON, MA 02134	04-3452763	501C3	10,000.	0.			OTHER

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THE LAUNDROMAT PROJECT INC 1476 FULTON STREET BROOKLYN, NY 11216	87-0753479	501C3	10,000.	0.			OTHER
THE REAL PROGRAM, INC. PAYNE FAMILY LITERACY HOUSE LYNN, MA 01902	46-3105431	501C3	10,000.	0.			OTHER
THE WESTERN WIND 250 WEST 100TH STREET, SUITE 1112 NEW YORK, NY 10025	51-0186032	501C3	10,000.	0.			OTHER
TOWN OF SALISBURY DEPT OF PLANNING AND DEVELOPMENT - 5 BEACH ROAD - SALISBURY, MA 01952	04-6001288	501C3	10,000.	0.			OTHER
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK CITY, NY 10038	13-1760110	501C3	9,996.	0.			OTHER
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090-6961	54-1722887	501C3	9,960.	0.			OTHER
WINDRUSH FARM THERAPEUTIC EQUITATION, INC. - 479 LACY STREET - NORTH ANDOVER, MA 01845	04-2476717	501C3	9,800.	0.			HEALTH AND MENTAL HEALTH
M.A.N., INC. 141 TENNEY STREET METHUEN, MA 01844-3810	04-3265830	501C3	9,500.	0.			OTHER
Utec, INC PO BOX 7066 LOWELL, MA 01852	38-3669532	501C3	9,500.	0.			OTHER

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UTOPIA DANCE COMPANY 599 CANAL STREET, 1-5 LAWRENCE, MA 01840	04-3064755	501C3	9,500.	0.			OTHER
IRISE DANCE PROJECT 4 UNION STREET SUITE 400 LAWRENCE, MA 01840	93-3293731	501C3	9,000.	0.			OTHER
ARPEGGIONE ENSEMBLE INC 49 STANDLEY STREET BEVERLY, MA 01915	88-3941381	501C3	8,500.	0.			OTHER
YWCA OF NORTHEASTERN MA 38 LAWRENCE STREET LAWRENCE, MA 01840	04-2130847	501C3	8,500.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
IIO, INC. 76 TOPSFIELD ROAD WENHAM, MA 01984	26-0748247	501C3	8,100.	0.			OTHER
BLACK BIZ DEV INC. 50 LINWOOD STREET ROXBURY, MA 02119	87-1405167	501C3	8,000.	0.			OTHER
HALEY HOUSE, INC. 23 DARTMOUTH STREET BOSTON, MA 02116	04-2437845	501C3	8,000.	0.			OTHER
MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845	04-2103731	501C3	8,000.	0.			OTHER
TOWNGREEN INC. 20 LANGSFORD STREET GLOUCESTER, MA 01930	87-4054939	501C3	8,000.	0.			OTHER

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CREATIVE HAVERHILL INC PO BOX 205 HAVERHILL, MA 01831	22-2539427	501C3	7,500.	0.			ARTS AND CULTURE
LAWRENCE RECREATION DEPARTMENT 200 COMMON STREET, CITY HALL, ROOM LAWRENCE, MA 01840		501C3	7,500.	0.			OTHER
RIVERSIDE PARENT ADVISORY COUNCIL 95 LIBERTY STREET DANVERS, MA 01923	04-3559644	501C3	7,500.	0.			OTHER
ROSIES PLACE INC. PO BOX 51399 BOSTON, MA 02205-1399	04-2582187	501C3	7,500.	0.			HOUSING AND FOOD SECURITY
UNIVERSITY OF NEW HAMPSHIRE FOUNDATION, INC. - ELLIOTT ALUMNI CENTER - DURHAM, NH 03824	02-0437506	501C3	7,500.	0.			OTHER
ESSEX COUNTY COMMUNITY ORGANIZATION - 74 SOUTH COMMON STREET - LYNN, MA 01902-4553	04-2768237	501C3	7,400.	0.			RELIGION
COMMUNITIES TOGETHER, INC. PO BOX 428 LAWRENCE, MA 01842	04-3268423	501C3	7,000.	0.			RELIGION
ESSENTIAL PARTNERS INC. AKA: PUBLIC CONVERSATIONS PROJECT CAMBRIDGE, MA 02138	22-3432160	501C3	7,000.	0.			OTHER
GREENPEACE FUND, INC. 1300 EYE STREET, NW, SUITE 1100 EAS WASHINGTON, DC 20005	95-3313195	501C3	7,000.	0.			OTHER

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MASS AUDUBON 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501C3	7,000.	0.			ENVIRONMENT AND CLIMATE RESILIENCE
NORTHEAST ARC, INC 6 SOUTHSIDE ROAD DANVERS, MA 01923-1973	04-2232416	501C3	7,000.	0.			HEALTH AND MENTAL HEALTH
SWEET PAWS RESCUE 310 MAIN STREET GROVELAND, MA 01834	27-4638058	501C3	7,000.	0.			OTHER
TOP NOTCH SCHOLARS 60 ISLAND STREET, SUITE 200 LAWRENCE, MA 01840	46-4527723	501C3	7,000.	0.			OTHER
PARTNERS IN HEALTH A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-0996	04-3567502	501C3	6,750.	0.			OTHER
CARE DIMENSIONS 75 SYLVAN STREET, SUITE B102 DANVERS, MA 01923	22-2873792	501C3	6,600.	0.			OTHER
GIRLS INC. OF LYNN 50 HIGH STREET LYNN, MA 01902	04-2104250	501C3	6,600.	0.			EDUCATION AND YOUTH DEVELOPMENT
FAMILY SERVICES OF THE MERRIMACK VALLEY - 430 NORTH CANAL STREET - LAWRENCE, MA 01840-1246	04-2104054	501C3	6,563.	0.			HEALTH AND MENTAL HEALTH
WBUR ATTN: DEVELOPMENT DEPARTMENT BOSTON, MA 02215	04-2103547	501C3	6,500.	0.			OTHER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACT LAWRENCE 15 UNION STREET, ENTRANCE C LAWRENCE, MA 01840	04-3408855	501C3	6,000.	0.			COMMUNITY LIFE AND ECONOMIC DEVELOPMENT
ACTION, INC. 180 MAIN STREET GLOUCESTER, MA 01930-3749	04-2389332	501C3	6,000.	0.			HOUSING AND FOOD SECURITY
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501C3	6,000.	0.			OTHER
AMERICAN RED CROSS PO BOX 37243 WASHINGTON, DC 20013	53-0196605	501C3	6,000.	0.			OTHER
ESSEX COUNTY HABITAT FOR HUMANITY 14 PARK STREET DANVERS, MA 01923	91-1914868	501C3	6,000.	0.			OTHER
LAWRENCE PUBLIC LIBRARY 51 LAWRENCE STREET LAWRENCE, MA 01841		501C3	6,000.	0.			OTHER
NOBLE AND GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	04-2104784	501C3	6,000.	0.			OTHER
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD, MA 01922	04-2103564	501C3	6,000.	0.			OTHER
EARLS HOPE RESCUE, INC. 1357 OLD HIGHWAY 100 WACO, GA 30182	47-4529879	501C3	5,500.	0.			OTHER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER HISTORICAL MUSEUM 10 UNION STREET MANCHESTER, MA 01944-1553	04-6112604	501C3	5,500.	0.			OTHER
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH - GRAND CENTRAL STATION - NEW YORK, NY 10163-4777	13-4141945	501C3	5,500.	0.			OTHER
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	04-2516093	501C3	5,500.	0.			OTHER
SAWYER FREE LIBRARY FOUNDATION 2 DALE AVENUE GLOUCESTER, MA 01930	84-2837206	501C3	5,500.	0.			OTHER
WOODSTOCK AREA MOUNTAIN BIKE ASSOCIATION - PO BOX 291 - WOODSTOCK, VT 05091	81-1302062	501C3	5,500.	0.			OTHER
PEDRO MARTINEZ FOUNDATION P.O. BOX 990045 BOSTON, MA 02199	91-1983749	501C3	5,400.	0.			OTHER
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL IS., STE. 201 TOPSHAM, ME 04086-9800	23-7099105	501C3	5,300.	0.			OTHER
SEASIDE SUSTAINABILITY INC. 127 EASTERN AVENUE, SUITE 236 GLOUCESTER, MA 01930	47-4993870	501C3	5,100.	0.			OTHER

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	360	628,759.	0.		

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

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

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

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.

[illegible]

Part III Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	35	6,317,618. FMV	
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

30a During the year, did the organization receive by contribution any property reported on 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?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

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

Supplemental information area with horizontal lines for text entry.

COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

FORM 990, PART I:

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 III:

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, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES THE PRESIDENT'S
COMPENSATION USING EXTERNAL STUDIES FOR GUIDANCE.

THE PRESIDENT APPROVES THE COO'S COMPENSATION USING EXTERNAL STUDIES FOR
GUIDANCE.

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

GOVERNING DOCUMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE OR
DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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
ECCF REAL ESTATE LLC 175 ANDOVER STREET DANVERS, MA 01923	REAL ESTATE	MASSACHUSETTS	0.	0.	ESSEX COUNTY COMMUNITY FOUNDATION, INC.

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

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

Schedule R (Form 990) (Rev. 1-2025)

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

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.

[illegible]

Part VII Supplemental Information

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

COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. ESSEX COUNTY COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 04-3407816
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 CUMMINGS CENTER, 5450	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY, MA 01915	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ESSEX COUNTY COMMUNITY FOUNDATION, INC.**
500 CUMMINGS CENTER, 5450 - BEVERLY, MA 01915

Telephone No. **978-777-8876** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2025)