

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ESSEX COUNTY COMMUNITY FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 175 ANDOVER STREET, SUITE 101 City or town, state or country, and ZIP + 4 DANVERS, MA 01923	D Employer identification number 04-3407816
		E Telephone number 978-777-8876	G Gross receipts \$ 4,277,735.
		F Name and address of principal officer: DAVID WELBOURN 175 ANDOVER STREET, SUITE 101, DANVERS, MA	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
		J Website: ▶ WWW.ECCF.ORG	
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1998 M State of legal domicile: MA

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE AND EXPAND PHILANTHROPY PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14	
	5	Total number of employees (Part V, line 2a)	5 6	
	6	Total number of volunteers (estimate if necessary)	6 1	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	1,373,419. 1,935,358.
9		Program service revenue (Part VIII, line 2g)	38,073. 27,491.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	837,487. 15,985.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,709. -21,783.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,292,688. 1,957,051.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,132,826. 982,808.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	258,334. 531,959.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 289,969.	
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,734,854. 297,780.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,126,014. 1,812,547.
	19	Revenue less expenses. Subtract line 18 from line 12	-833,326. 144,504.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,457,718. 10,092,007.	
	21	Total liabilities (Part X, line 26)	1,992,945. 1,893,531.	
	22	Net assets or fund balances. Subtract line 21 from line 20	9,464,773. 8,198,476.	

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		
	▶ DAVID WELBOURN, PRESIDENT			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ RICHARD B. DIONNE	Date 12/02/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANSTISS & CO., P.C. 21 GEORGE STREET LOWELL, MA 01852	EIN ▶		Phone no. ▶ (978) 452-2500

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROMOTE AND EXPAND PHILANTHROPY PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS BY COLLABORATING WITH DONORS AND BY CONNECTING THEM TO THE VITAL AND EFFECTIVE WORK OF NON-PROFIT ORGANIZATIONS SERVING PRIMARILY ESSEX COUNTY COMMUNITIES.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,378,664. including grants of \$ 982,808.) (Revenue \$ 534,912.) TO RAISE AND DISTRIBUTE FUNDS FROM THE COMMUNITY FOR THE BENEFIT OF CHARITABLE ORGANIZATIONS PRIMARILY IN ESSEX COUNTY, MASSACHUSETTS.

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,378,664. (Must equal Part IX, Line 25, column (B).)

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as 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 U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 4		
b	Enter the number of Forms W-2G included in 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		
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 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		14
1b	Enter the number of voting members that are independent		14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization?		X
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THE ORGANIZATION - 978-777-8876
175 ANDOVER STREET, SUITE 101, DANVERS, MA 01923

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM C ROGERS CHAIRMAN	5.00	X		X				0.	0.	0.
CHARLES VONBRUNS TREASURER	5.00	X		X				0.	0.	0.
CHRISTOPHER COWANS TRUSTEE	5.00	X						0.	0.	0.
PETER N. DANA TRUSTEE	5.00	X						0.	0.	0.
DAVID DEARBORN TRUSTEE	5.00	X						0.	0.	0.
JOSEPH GRIMALDI TRUSTEE	5.00	X						0.	0.	0.
JULIET NAGLE TRUSTEE	5.00	X						0.	0.	0.
MICHAEL PRIOR TRUSTEE	5.00	X						0.	0.	0.
RICHARD PURINTON TRUSTEE	5.00	X						0.	0.	0.
DEBORAH PECHET QUINAN CLERK	5.00	X		X				0.	0.	0.
PAULINE R. SHEEDY TRUSTEE	5.00	X						0.	0.	0.
RICHARD L. SUMBERG TRUSTEE	5.00	X						0.	0.	0.
PATRICIA KARL TRUSTEE	5.00	X						0.	0.	0.
PAULA JEROME TRUSTEE	5.00	X						0.	0.	0.
DAVID WELBOURN PRESIDENT	40.00			X				150,777.	0.	7,302.

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1935358.				
	g	Noncash contributions included in lines 1a-1f: \$	128,902.				
	h	Total. Add lines 1a-1f		1,935,358.			
Program Service Revenue	2 a	YAR CONFERENCE	Business Code 900099	19,133.	19,133.		
	b	WORKSHOP FEES	900099	8,358.	8,358.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		27,491.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		250,362.		250,362.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
			b	Less: rental expenses			
			c	Rental income or (loss)			
			d	Net rental income or (loss)			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
			d	Net gain or (loss)		-234,377.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	21,772.			
			b	Less: direct expenses			
			c	Net income or (loss) from fundraising events		-21,783.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b			Less: direct expenses				
c			Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,957,051.	27,491.	0.	-5,798.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	782,523.	782,523.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	200,285.	200,285.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,879.		15,788.	142,091.
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	308,205.	199,103.	33,444.	75,658.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	20,815.	10,201.	6,366.	4,248.
10 Payroll taxes	45,060.	16,348.	11,372.	17,340.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,040.		12,040.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,121.	33,121.		
g Other	46,310.	18,524.	18,523.	9,263.
12 Advertising and promotion				
13 Office expenses	11,410.	4,562.	4,566.	2,282.
14 Information technology				
15 Royalties				
16 Occupancy	28,575.	11,430.	11,430.	5,715.
17 Travel	5,622.	4,498.	562.	562.
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	1,513.	605.	605.	303.
23 Insurance	2,863.	1,145.	1,145.	573.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROJECT SUPPORT	72,953.	72,953.		
b COMPUTER AND SOFTWARE	21,733.	8,693.	8,693.	4,347.
c POSTAGE	14,684.	2,937.	2,937.	8,810.
d REPAIRS AND MAINTENANCE	7,997.	3,199.	3,199.	1,599.
e PRINTING & PUBLICATIONS	7,434.	1,487.	1,487.	4,460.
f All other expenses	31,525.	7,050.	11,757.	12,718.
25 Total functional expenses. Add lines 1 through 24f	1,812,547.	1,378,664.	143,914.	289,969.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	71,969.	1	54,671.
	2 Savings and temporary cash investments	1,573,644.	2	2,996,129.
	3 Pledges and grants receivable, net	30,129.	3	17,750.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,918.	9	5,770.
	10a Land, buildings, and equipment: cost basis ...	10a 86,287.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 82,997.	4,804.	10c 3,290.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,766,254.	12	7,014,397.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,457,718.	16	10,092,007.	
Liabilities	17 Accounts payable and accrued expenses	75,803.	17	84,143.
	18 Grants payable	34,923.	18	73,362.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,882,219.	25	1,736,026.
	26 Total liabilities. Add lines 17 through 25	1,992,945.	26	1,893,531.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,634,616.	27	7,517,454.
	28 Temporarily restricted net assets	143,142.	28	46,800.
	29 Permanently restricted net assets	687,015.	29	634,222.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,464,773.	33	8,198,476.	
34 Total liabilities and net assets/fund balances	11,457,718.	34	10,092,007.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2893250.	3465534.	989,496.	1380058.	1935358.	10663696.
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 - 3	2893250.	3465534.	989,496.	1380058.	1935358.	10663696.
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)						2641809.
6 Public Support. Subtract line 5 from line 4.						8021887.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2893250.	3465534.	989,496.	1380058.	1935358.	10663696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,642.	210,186.	291,075.	348,848.	250,362.	1242113.
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 IV.)						
11 Total support. Add lines 7 through 10						11905809.
12 Gross receipts from related activities, etc. (see instructions)					12	106,754.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	67.38	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	72.19	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	94	
2 Aggregate contributions to (during year)	899,571.	
3 Aggregate grants from (during year)	1,215,109.	
4 Aggregate value at end of year	6,925,730.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-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 Year |
|--------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	2,975,153.				
b Contributions	34,670.				
c Investment earnings or losses	-367,110.				
d Grants or scholarships					
e Other expenditures for facilities and programs	160,276.				
f Administrative expenses					
g End of year balance	2,482,437.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **▶ 74.00 %**
 - b** Permanent endowment **▶ .40 %**
 - c** Term endowment **▶ 25.60 %**

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		86,287.	82,997.	3,290.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,290.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,957,051.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,812,547.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	144,504.
4	Net unrealized gains (losses) on investments	4	-1,405,591.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,210.
9	Total adjustments (net). Add lines 4-8	9	-1,410,801.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,266,297.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	603,129.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,405,591.
b	Donated services and use of facilities	2b	90,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,315,591.
3	Subtract line 2e from line 1	3	1,918,720.
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	33,121.
b	Other (Describe in Part XIV)	4b	5,210.
c	Add lines 4a and 4b	4c	38,331.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,957,051.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,869,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	90,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	90,000.
3	Subtract line 2e from line 1	3	1,779,426.
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	33,121.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	33,121.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,812,547.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS: -5210.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS: 5210.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	21,772.		21,772.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	21,772.		21,772.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	43,555.		43,555.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(43,555.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			-21,783.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash 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. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide 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?

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

c If "Yes," enter name and address:

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?

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADDISON GILBERT HOSPITAL 85 HERRICK STREET BEVERLY, MA 01915	04-2829132	501(C)(3)	6,555.	0.			JULY 1, 2007 - JUNE 30, 2008
ADELANTE, INC / LAWRENCE YOUTH CENTER - 40 LAWRENCE STREET - LAWRENCE, MA 01841	04-3000034	501(C)(3)	10,000.	0.			OFFER MIDDLE SCHOOL STUDENTS A SIX WEEK PROGRAM OF STIMULATING LEARNING ACTIVITIES THAT
AMERICAN TRAINING CO 102 GLENN STREET LAWRENCE, MA 01843	04-2662986	501(C)(3)	7,000.	0.			TRAINING AND CERTIFY 80 INNER-CITY HIGH SCHOOL STUDENTS BETWEEN THE AGES OF 14-18 IN ADULT AND
ARLINGTON COMMUNITY TRABAJANDO, INC - 599 CANAL STREET - LAWRENCE, MA 01840	04-3408855	501(C)(3)	7,000.	0.			PROVIDE OPPORTUNITIES FOR LOW TO MODERATE INCOME YOUTH TO ENGAGE IN POSITIVE SUMMER
BEACON ACADEMY 477 LONGWOOD AVENUE BOSTON, MA 02215	73-1710051	501(C)(3)	10,000.	0.			UNRESTRICTED
BEVERLY BOOTSTRAPS COMMUNITY SERVICES, INC - 371 CABOT STREET - BEVERLY, MA 01915	04-3254507	501(C)(3)	5,000.	0.			UNRESTRICTED

2 Enter total number of section 501(c)(3) and government organizations ▶ **49.**

3 Enter total number of other organizations ▶ **49.**

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance
SCHOLARSHIPS	22	32,060.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: WE MONITOR GRANT USE PRIMARILY THROUGH A FINAL REPORT DUE USUALLY 13 MONTHS AFTER THE INITIAL AWARD. THE FINAL REPORT REQUIRES A LIST OF ALL EXPENSES TO THE GRANT. IN THE CASE OF MULTIPLE YEAR GRANTS, WE REQUIRE INTERIM REPORTS EACH YEAR PRIOR TO RELEASING THE NEXT GRANT. WE GENERALLY CONDUCT SITE VISITS TO THE PROGRAM PRIOR TO MAKING A GRANT. SITE VISITS ARE MADE DURING THE SUMMER AFTER AWARDS ARE MADE. THESE ARE ROTATED SO THAT EVERY PROGRAM IS VISITED ABOUT EVERY 3-4 YEARS.

PART II, LINE 1, COLUMN (H):

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSED STEPHEN BELLESINI, OSA ACADEMY - 94 BRADFORD STREET - LAWRENCE, MA 01840	04-3585445	501(C)(3)	7,500.	0.			PROVIDE A FOUR WEEK SUMMER PROGRAM TO MAINTAIN AND EXPAND UPON THE SCHOOL YEAR ACADEMIC
BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE, MA 01841	04-2104377	501(C)(3)	10,000.	0.			HIRE 16 COUNSELORS (PAST MEMBERS) AND MAKE IT POSSIBLE FOR 80 YOUNGSTERS TO ENJOY A
CHALLENGE UNLIMITED 450 LOWELL STREET ANDOVER, MA 01810	22-2478997	501(C)(3)	7,000.	0.			PROVIDE FOR THE CHILDREN FROM THE INNER CITY OF LAWRENCE WITH AND WITHOUT DISABILITIES TO LEARN
COLLINS MIDDLE SCHOOL 29 HIGHLAND AVENUE SALEM, MA 01970			5,000.	0.			TO DEVELOP PORTIONS OF THE LIBRARY'S NONFICTION COLLECTION AND AUDIOBOOK COLLECTION.
EDWARD A SISSON SCHOOL 58 CONOMO AVENUE LYNN, MA 01904			5,000.	0.			TO UPDATE LIBRARY COLLECTION TO ALIGN WITH FRAMEWORKS.
EJ HARRINGTON SCHOOL 21 DEXTER STREET LYNN, MA 01902			5,000.	0.			TO PROVIDE STUDENTS WITH DAILY OPPORTUNITIES TO READ HIGH-INTEREST BOOKS RELATED TO TOPICS OF
ESPERANZA ACADEMY, INC. 198 GARDEN STREET LAWRENCE, MA 01840	73-1722348	501(C)(3)	7,500.	0.			FUND STAFF SALARIES, CAMPERSHIPS, TUITIONS, TRANSPORTATION AND MARTERIALS COSTS TO
ESSEX ART CENTER 56 ISLAND STREET LAWRENCE, MA 01840	04-3238501	501(C)(3)	12,000.	0.			PROVIDE AFTERNOON ART CLASSES FOR SEVEN WEEKS, 4 DAY ART CAMPS AND ART MATERIAL TO STUDENTS FROM

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

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ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE, INC 430 NORTH CANAL STREET LAWRENCE, MA 01840	04-2104054	501(C)(3)	11,000.	0.			PROVIDE 40 STUDENTS FROM LAWRENCE TO PARTICIPATE IN DAY ACTIVITIES SUCH A BIKING ON THE CAPE COD
GIRLS INC OF LYNN 88 BROAD STREET LYNN, MA 01902	04-2104250	501(C)(3)	10,000.	0.			TUTORING AND COLLEGE PREPARATION
GREATER LAWRENCE COMMUNITY BOATING PROGRAM - 1 EATON STREET - LAWRENCE, MA 01840	04-2671824	501(C)(3)	16,500.	0.			TO ASSISTANCE WITH THE NEW SUMMER STAFF TRAINING AND TO COVER THE COST OF PROVIDING FREE
GROUNDWORK LAWRENCE 60 ISLAND STREET LAWRENCE, MA 01840	04-3546770	501(C)(3)	7,500.	0.			SUPPORT IMPLEMENTATION OF THE GREEN TEAM PROGRAMMING, WHICH PROVIDES UNIQUE,
HAMILTON WENHAM REGIONAL SCHOOL DISTRICT - 775 BAY ROAD - SOUTH HAMILTON, MA 01982			9,854.	0.			75% OF THE FUNDS SHOULD BE UTILIZED TO PURCHASE CAPITAL/HARD ASSEST (EQUIPMENT OR MATERIALS
HELP FOR ABUSED WOMEN AND THEIR CHILDREN - 27 CONGRESS STREET, 2ND FLOOR - SALEM, MA 01970	04-2655367	501(C)(3)	10,000.	0.			COUNSELLING AND EDUCATION
HOLY FAMILY HOSPITAL 70 EAST STREET METHUEN, MA 01844	22-2547376	501(C)(3)	2,500.	0.			ANNUAL CAMPAIGN
LAWRENCE COMMUNITY WORKS, INC 168 NEWBURY STREET LAWRENCE, MA 01841	04-2982308	501(C)(3)	6,500.	0.			SUPPORT MOVEMENT CITY WITH OUTDOOR ART PROJECTS, MUSIC, DANCE AND A HEALTH/FITNESS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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04-3407816

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE FAMILY DEVELOPMENT CHARTER SCHOOL - 34 WEST STREET - LAWRENCE, MA 01841			9,000.	0.			ADDRESS THE MULTIPLE BARRIERS TO EDUCATIONAL SUCCESS EXPERIENCED BY MANY OF THE STUDENTS
LAWRENCE RECREATION DEPARTMENT 200 COMMON STREET LAWRENCE, MA 01840			5,000.	0.			PROVIDE RECREATION TO THE CITY'S YOUTH DURING THEIR SUMMER SCHOOL VACATION WHICH INCLUDE: NERF
LAZARUS HOUSE, INC PO BOX 408 LAWRENCE, MA 01841-0408	04-2755382	501(C)(3)	5,000.	0.			TO BE USED IN YOUR FOOD PANTRY AND/OR SOUP KITCHEN CAPACITY, TO FEED THOSE IN SHORT-TERM NEED
LYNN CLASSICAL HIGH SCHOOL 235 O'CALLAGHAN WAY LYNN, MA 01905			20,000.	0.			TO PURCHASE SMARTBOARD TECHNOLOGY FOR RENOVATED CLASSROOMS. SMARTBOARDS 4 ENGAGED STUDENTS TO
LYNN ENGLISH HIGH SCHOOL 50 GOODRIDGE STREET LYNN, MA 01902			10,000.	0.			TO PURCHASE SIX BINOCULAR MICROSCOPES WITH OBJECTIVES UP TO 1000X MAGNIFICATION FOR UPPER
LYNN PUBLIC SCHOOLS 90 COMMERCIAL STREET LYNN, MA 01905			5,000.	0.			TO SUPPORT A PROGRAM THAT WILL MOTIVATE STUDENTS TO PICK UP BOOKS AND READ! IT'S THE SEASON FOR
LYNN VOC TECH INSTITUTE 80 NEPTUNE BLVD LYNN, MA 01902			5,000.	0.			THIS PROJECT WILL BE A SPRINGBOARD FOR LEADERSHIP IN THE REGION FOR DEVELOPMENT OF
LYNN WOODS SCHOOL 31 TREVETT AVENUE LYNN, MA 01904			5,000.	0.			TO PURCHASED SCIENCE KITS FOR TEACHERS IN GRADES 3 TO 5. STANDARD BASED SCIENCE KITS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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ESSEX COUNTY COMMUNITY FOUNDATION, INC.

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04-3407816

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERRIMACK VALLEY YMCA 40 LAWRENCE STREET LAWRENCE, MA 01840	04-2104378	501(C)(3)	8,000.	0.			PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAM THAT COMBINES READING, WRITING, AND MATH SKILLS
MERRIMACK VALLEY YMCA 129 HAVERHILL STREET METHUEN, MA 01844	04-2104378	501(C)(3)	6,000.	0.			COMBINED A SCHEDULE OF BOTH EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN, 50%
MERRIMACK VALLEY YMCA 101 AMESBURY STREET, 4TH FLOOR LAWRENCE, MA 01840	04-2104378	501(C)(3)	5,000.	0.			UNRESTRICTED
METHUEN ARLINGTON NEIGHBORHOOD INC 141 TENNEY ST METHUEN, MA 01844-3810	04-3265830	501(C)(3)	7,000.	0.			ASSIST IN IMPLEMENTING YOUTH PROGRAMMING SUCH AS CRAFTS, SPORTS, FIELD TRIPS AND CAMP ACTIVITES.
MONTSERRAT COLLEGE OF ART 23 ESSEX STREET BEVERLY, MA 01915	52-1859814	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
NATURAL RESOURCES DEFENSE COUNCIL 40 W. 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	5,000.	0.			UNRESTRICTED
NORTH SHORE MUSIC THEATRE 62 DUNHAM ROAD BEVERLY, MA 01915	04-6138599	501(C)(3)	5,000.	0.			OPERATIONS 2009
NOTRE DAME HIGH SCHOOL 207 HAMPSHIRE STREET LAWRENCE, MA 01841	86-1096572	501(C)(3)	10,000.	0.			30 NEW STUDENTS WITH THE ACADEMIC CHALLENGES FACED BY THE INCOMING 9TH GRADE STUDENTS, THE MAJORITY OF

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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04-3407816

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	04-2279977	501(C)(3)	11,000.	0.			FOR AN ACADEMIC ENRICHMENT PROGRAM FOR THIRTY-FIVE PUBLIC SCHOOL STUDENTS FROM LAWRENCE
SABRE FOUNDATION 872 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	23-7042881	501(C)(3)	10,000.	0.			UNRESTRICTED
ST. ANN'S HOME AND SCHOOL 100 A HAVERHILL STREET METHUEN, MA 01844	04-2104866	501(C)(3)	6,500.	0.			MAKE AVAILABLE A SUMMER CAMP EXPERIENCE FOR SIX WEEKS FOR A RESIDENTIAL STUDENT, I.E. THE
SWAMPSCOTT HIGH SCHOOL 200 ESSEX STREET SWAMPSCOTT, MA 01907			5,000.	0.			TO TEACH STUDENTS THE MECHANICS OF WIND TURBINES BY EXPERIMENTING WITH HOMEMADE SMALL-SCALE
THE CHILDREN'S CENTER 35 LOWELL STREET METHUEN, MA 01844	04-3273682	501(C)(3)	5,000.	0.			PROVIDE FIELD TRIPS TO SPECIAL EDUCATIONAL AND ENTERTAINING PLACES FOR THE CHILDREN AS WELL AS
THE NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)	5,000.	0.			ADOPT AND ACRE PROGRAM: OSA PENINSULA
TUFTS MEDICAL CENTER 800 WASHINGTON STREET #345 BOSTON, MA 02111	04-3400617	501(C)(3)	10,000.	0.			FUNDS WILL BE USED TO SUPPORT A CANCER REGISTRY PROJECT. USING TUMOR REGISTRY TO EVALUATE
VNA CARE NETWORK, INC. 5 FEDERAL STREET DANVERS, MA 01923	04-2103825	501(C)(3)	10,548.	0.			JULY 1, 2007 - JUNE 30, 2008 JULY 1, 2007 - JUNE 30, 2008

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

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Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF PEABODY-LYNNFIELD 259 LYNNFIELD STREET PEABODY, MA 01960	04-2105883	501(C)(3)	5,120.	0.			THREE POSTIONS FOR GENERAL MAINTENANCE AND ONE POSITION FOR POOL ATTENDANT
YOUTH DEVELOPMENT ORGANIZATION, INC. - PO BOX 1758 - LAWRENCE, MA 01842	04-3571721	501(C)(3)	7,500.	0.			PROVIDE AFTER SCHOOL CITY-WIDE ENRICHMENT PROGRAMS FOR LAWRENCE STUDENTS AND TO OFFSET
YWCA OF GREATER LAWRENCE 38 LAWRENCE STREET LAWRENCE, MA 01840	04-2130847	501(C)(3)	5,000.	0.			SERVE EDUCATIONALLY AND ECONOMICALLY DISADVANTAGED, INNER-CITY, MINORITY

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **2**

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ADELANTE, INC / LAWRENCE YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: OFFER MIDDLE SCHOOL STUDENTS A SIX WEEK PROGRAM OF STIMULATING LEARNING ACTIVITIES THAT EXERCISE THEIR MINDS BODIES AND PREPARES THEM FOR SUCCESS IN THE SCHOOL YEAR AHEAD.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN TRAINING CO

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING AND CERTIFY 80 INNER-CITY HIGH SCHOOL STUDENTS BETWEEN THE AGES OF 14-18 IN ADULT AND PEDIATRIC CPR/FIRST AID AND AUTOMATED EXTERNAL DEFIBRILLATION (AED).

NAME OF ORGANIZATION OR GOVERNMENT: ARLINGTON COMMUNITY TRABAJANDO, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE OPPORTUNITIES FOR LOW TO MODERATE INCOME YOUTH TO ENGAGE IN POSITIVE SUMMER ACTIVITIES. THE CURRICULM PROVIDES 16 HOURS PER WEEK OF FUN-FILLED EDUCATIONAL ACTIVITIES INCLUDING TELEVISION PRODUCTION AND COMMUNITY EVENTS ORGANIZING.

NAME OF ORGANIZATION OR GOVERNMENT:

BLESSED STEPHEN BELLESINI, OSA ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A FOUR WEEK SUMMER PROGRAM TO MAINTAIN AND EXPAND UPON THE SCHOOL YEAR ACADEMIC ACHIEVEMENTS, TO PROVIDE A SAFE, STRUCTURED AND FUN ENVIRONMENT FOR STUDENTS AND TO EXPAND STUDENT'S AWARENESS OF THE WORLD AROUND THEM THROUGH FIELD TRIPS, GUEST SPEAKERS AND SERVICE LEARNING.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF LAWRENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: HIRE 16 COUNSELORS (PAST MEMBERS) AND MAKE IT POSSIBLE FOR 80 YOUNGSTERS TO ENJOY A SAFE AND FUN-FILLED SUMMER AT THE CLUB.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHALLENGE UNLIMITED

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FOR THE CHILDREN FROM THE INNER CITY OF LAWRENCE WITH AND WITHOUT DISABILITIES TO LEARN TEAM WORK, MEET CHILDREN FROM A VARIETY OF BACKGROUNDS, LEARN ABOUT RESPECT AND CARING FOR OTHERS THROUGH THEIR WORK WITH HORSES, AND HAVE A CHANCE TO RELAX AND APPRECIATE THE OUTDOORS IN AN ENCOURAGING ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: EJ HARRINGTON SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STUDENTS WITH DAILY OPPORTUNITIES TO READ HIGH-INTEREST BOOKS RELATED TO TOPICS OF STUDY IN SCIENCE AND SOCIAL STUDIES.

NAME OF ORGANIZATION OR GOVERNMENT: ESPERANZA ACADEMY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND STAFF SALARIES, CAMPERSHIPS, TUITIONS, TRANSPORTATION AND MARTHATERIALS COSTS TO ENABLE A THREE-WEEK SUMMER PROGRAM FOR ALL 80 STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX ART CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE AFTERNOON ART CLASSES FOR SEVEN WEEKS, 4 DAY ART CAMPS AND ART MATERIAL TO STUDENTS FROM 3 TO ADULT.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE 40 STUDENTS FROM LAWRENCE TO PARTICIPATE IN DAY ACTIVITIES SUCH A BIKING ON THE CAPE COD CANAL, HIKING THROUGH LOCAL CONSERVATION LAND, KAYAKING, AND CANOEING, AND A FOUR DAY THREE NIGHT EXTENDED TRIP TO THE WHITE MTS OF NEW HAMPSHIRE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER LAWRENCE COMMUNITY BOATING PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSISTANCE WITH THE NEW SUMMER STAFF TRAINING AND TO COVER THE COST OF PROVIDING FREE MEMBERSHIPS TO LOW-MODERATE IMCONE FAMILIES. TAKE ME TO THE RIVER: EXPANDING YOUTH BOATING OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: GROUNDWORK LAWRENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IMPLEMENTATION OF THE GREEN TEAM PROGRAMMING, WHICH PROVIDES UNIQUE, ENVIRONMENTAL HANDS-ON EMPLOYMENT AND LEARNING OPPORTUNITIES FOR AT-RISK LAWRENCE YOUTH AGED 14-18 GWL GREEN TEAM SUMMER 2009 PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

HAMILTON WENHAM REGIONAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: 75% OF THE FUNDS SHOULD BE UTILIZED TO PURCHASE CAPITAL/HARD ASSEST (EQUIPMENT OR MATERIALS THAT WILL LAST A NUMER OF YEARS...SUCH AS FIELD HOCKEY GOALS, FIRST AID EQUIPMENT, BASKETBALL HOOPS, SCOREBOARD, ETC.) 25% OF THE FUNS SHOULD BE USED TO COVER THE EXPENSES OF A STUDENT(S) WHO IS UNABLE TO PAY FOR USER FEES. ATHLETICS DEPARTMENT AT THE HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: LAWRENCE COMMUNITY WORKS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT MOVEMENT CITY WITH OUTDOOR ART PROJECTS, MUSIC, DANCE AND A HEALTH/FITNESS COMPONENT. MOVEMENT CITY SUMMER STYLE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

LAWRENCE FAMILY DEVELOPMENT CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS THE MULTIPLE BARRIERS TO EDUCATIONAL SUCCESS EXPERIENCED BY MANY OF THE STUDENTS ENROLLED AT SCHOOL. SUMMER INSTITUTE 2009 ENRICHMENT COMPONENT

NAME OF ORGANIZATION OR GOVERNMENT: LAWRENCE RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE RECREATION TO THE CITY'S YOUTH DURING THEIR SUMMER SCHOOL VACATION WHICH INCLUDE: NERF FOOTBALL, WHIFFLE BALL, DOUBLE DUTCH JUMP ROPE, SAILING FIELD TRIPS, AND PARACHUTE GAMES AS WELL AS FREE LUNCH. SUMMER IN LAWRENCE 2009

NAME OF ORGANIZATION OR GOVERNMENT: LAZARUS HOUSE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED IN YOUR FOOD PANTRY AND/OR SOUP KITCHEN CAPACITY, TO FEED THOSE IN SHORT-TERM NEED OF FOOD AND/OR SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: LYNN CLASSICAL HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SMARTBOARD TECHNOLOGY FOR RENOVATED CLASSROOMS. SMARTBOARDS 4 ENGAGED STUDENTS TO REPLACE BOOKS AND RECORDED BOOKS TO THE SCHOOL LIBRARY DUE TO WATER AND MOLD DAMAGE. NEW BEGINNINGS TO INTEGRATE TWO INTERACTIVE COMPUTER-BASED TECHNOLOGIES INTO BIOLOGY COURSES. THE INTERACTIVE LEARNING PROJECT: ANIMATION STATIONS AND STUDENT RESPONSE SYSTEMS IN BIOLOGY EDUCATION TO PROVIDE SUMMER ACADEMIC AND EXPERIENTIAL PROGRAM FOR ENGLISH LANGUAGE LEARNERS. STAY SMART FOR SUMMER II.

NAME OF ORGANIZATION OR GOVERNMENT: LYNN ENGLISH HIGH SCHOOL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SIX BINOCULAR MICROSCOPES WITH OBJECTIVES UP TO 1000X MAGNIFICATION FOR UPPER LEVEL SCIENCE ELECTIVES. BINOCULAR MICROSCOPES FOR UPPER LEVEL SCIENCE ELECTIVES TO PURCHASE 20 TRIPLE BEAM BALANCES TO REPLACE OLD BALANCES. REPLACING TRIPLE BEAM BALANCES

NAME OF ORGANIZATION OR GOVERNMENT: LYNN PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PROGRAM THAT WILL MOTIVATE STUDENTS TO PICK UP BOOKS AND READ! IT'S THE SEASON FOR READING

NAME OF ORGANIZATION OR GOVERNMENT: LYNN VOC TECH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROJECT WILL BE A SPRINGBOARD FOR LEADERSHIP IN THE REGION FOR DEVELOPMENT OF ALTERNATIVE ENERGY PROMOTION AND USAGE AND WILL GIVE STUDENTS AN EXPERIENCE WITH VIABLE CHOICES OF NON-CARBON BASED ENERGY SOURCES. THE PROJECT WILL EXPOSE STUDENTS TO POSSIBLE CAREERS IN ALTERNATIVE ENERGY AND PROVIDE GUIDANCE IN SEEKING OUT THESE EMPLOYMENT POSSIBILITIES. SOLAR HYDROGEN STORAGE, MIXING, DISTRIBUTION COMPONENT.

NAME OF ORGANIZATION OR GOVERNMENT: MERRIMACK VALLEY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAM THAT COMBINES READING, WRITING, AND MATH SKILLS WITH SPORTS ACTIVITIES, CRAFTS, FIELD TRIPS AND SWIM LESSONS. SCHOOL AGED CHILD CARE (SACC) SUMMER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MERRIMACK VALLEY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMBINED A SCHEDULE OF BOTH EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN, 50% LOW-INCOME,

Part IV Supplemental Information

DIVERSE CULTURAL BACKGROUNDS. SUMMER CHILD CARE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: METHUEN ARLINGTON NEIGHBORHOOD INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST IN IMPLEMENTING YOUTH

PROGRAMMING SUCH AS CRAFTS, SPORTS, FIELD TRIPS AND CAMP ACTIVITES.

SUMMER YOUTH SAFE HAVEN PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NOTRE DAME HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: 30 NEW STUDENTS WITH THE ACADEMIC

CHALLENGES FACED BY THE INCOMING 9TH GRADE STUDENTS, THE MAJORITY OF WHOM

ARE ACADEMICALLY AT-RISK, PERFORMING UP TO THREE YEARS BELOW GRADE LEVEL

IN MATHEMATICS AND/OR ENGLISH. NDHS SUMMER PREP PROGRAM. CAPITAL

CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT: PINGREE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN ACADEMIC ENRICHMENT PROGRAM

FOR THIRTY-FIVE PUBLIC SCHOOL STUDENTS FROM LAWRENCE WHO HAVE

SUCCESSFULLY COMPLETED THE SEVENTH GRADE, THE PROGRAM ENABLES STUDENTS TO

SHARPEN THEIR ANALYTICAL, VERBAL AND WRITTEN SKILLS. PREP@PINGREE

PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANN'S HOME AND SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: MAKE AVAILABLE A SUMMER CAMP

EXPERIENCE FOR SIX WEEKS FOR A RESIDENTIAL STUDENT, I.E. THE STUDENTS WHO

LIVE AT ST. ANN'S FULL -TIME. ANNUAL SUMMER CAMP ON CAPE COD

NAME OF ORGANIZATION OR GOVERNMENT: SWAMPSCOTT HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TEACH STUDENTS THE MECHANICS OF

Part IV Supplemental Information

WIND TURBINES BY EXPERIMENTING WITH HOMEMADE SMALL-SCALE MODELS. WIND
TURBINE DYNAMICS

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FIELD TRIPS TO SPECIAL
EDUCATIONAL AND ENTERTAINING PLACES FOR THE CHILDREN AS WELL AS OFFERING
THE CHILDREN TO PARTICIPATE IN CREATIVE WORKSHOPS. SCHOOL AGE SUMMER
ENRICHMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TUFTS MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT A
CANCER REGISTRY PROJECT. USING TUMOR REGISTRY TO EVALUATE PATTERNS AND
TRENDS IN TREATMENT OF YOUNG ADULT CANCERS. FUNDS WILL BE USED TO SUPPORT
A CANCER REGISTRY PROJECT. USING TUMOR REGISTRY TO EVALUATE PATTERNS AND
TRENDS IN TREATMENT OF YOUNG ADULT CANCERS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH DEVELOPMENT ORGANIZATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE AFTER SCHOOL CITY-WIDE
ENRICHMENT PROGRAMS FOR LAWRENCE STUDENTS AND TO OFFSET NECESSARY
TRANSPORTATION EXPENSES AND CAMP REGISTRATION AND TUITION COSTS. YDO
SUMMER OF 2009

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF GREATER LAWRENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVE EDUCATIONALLY AND ECONOMICALLY
DISADVANTAGED, INNER-CITY, MINORITY CHILDREN BETWEEN THE AGES OF 6-13
WITH A LEADERSHIP PROGRAM FOR 14-15 YEAR OLDS. YWCA GIRLS CENTER SUMMER
PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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 in 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 (e.g., maid, chauffeur, chef) |

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input 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 in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID WELBOURN	(i)	150,777.	0.	0.	0.	7,302.	158,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008

Open to Public
Inspection

▶ Attach to Form 990.

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	10	128,902.	QUOTED MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other) ...				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ESSEX COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

04-3407816

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

COLLABORATING WITH DONORS AND BY CONNECTING THEM TO THE VITAL AND EFFECTIVE WORK OF NON-PROFIT ORGANIZATIONS SERVING PRIMARILY ESSEX COUNTY COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 2: ONE BOARD MEMBER HIRED THE CEO'S WIFE AS A TERTIARY EDUCATION COUNSELLOR.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE CAN ACT FOR THE GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 10: THE CFO REVIEWS THE RETURN THEN SENDS IT TO THE TREASURER FOR REVIEW. A COPY IS SENT TO EACH BOARD MEMBER BEFORE THE RETURN IS REVIEWED AND SIGNED BY THE CEO THEN FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE COMPANY REQUIRES ANNUAL DISCLOSURE ON ALL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES APPROVES THE DIRECTORS COMPENSATION USING EXTERNAL STUDIES FOR GUIDANCE. NO OTHER OFFICERS OR KEY EMPLOYEES RECEIVING COMPENSATION FOR FY2009.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	PRINTER	111798	SL	5.00	16	628.			628.	628.		0.
7	OFFICE	090198	SL	7.00	16	650.			650.	650.		0.
8	OFFICE	041598	SL	5.00	16	2,584.			2,584.	2,584.		0.
9	PRINTER	060700	SL	5.00	16	1,933.			1,933.	1,933.		0.
10	TELEPHONE	031500	SL	7.00	16	1,365.			1,365.	1,365.		0.
11	NPO	101702	SL	4.00	16	5,492.			5,492.	5,492.		0.
12	FIXED ASSETS	063001	SL	5.00	16	6,356.			6,356.	6,356.		0.
13	FIMS	080801	SL	4.00	16	33,785.			33,785.	33,785.		0.
14	COMPUTER	081301	SL	5.00	16	934.			934.	934.		0.
15	FURNITURE	082001	SL	5.00	16	3,075.			3,075.	3,075.		0.
16	SERVER	050103	SL	4.00	16	1,514.			1,514.	1,514.		0.
17	PROJECTOR	112502	SL	4.00	16	1,500.			1,500.	1,500.		0.
18	COMPUTER	112001	SL	5.00	16	1,446.			1,446.	1,446.		0.
19	DELL	121504	SL	5.00	16	1,224.			1,224.	1,081.		143.
20	TWO PRINTERS	020202	SL	5.00	16	1,150.			1,150.	1,150.		0.
21	OFFICE	033104	SL	7.00	16	780.			780.	474.		111.
22	DELL	032404	SL	5.00	16	599.			599.	509.		90.
23	COMPUTER FOR	040502	SL	5.00	16	888.			888.	888.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	SHELVES FOR	123101	SL	7.00	16	2,100.			2,100.	1,950.		150.
25	TELEPHONE	123101	SL	4.00	16	9,135.			9,135.	9,135.		0.
26	TELEPHONE	123101	SL	4.00	16	617.			617.	617.		0.
27	ELECTRICAL	123101	SL	5.00	16	1,841.			1,841.	1,841.		0.
28	ELECTRICAL	123101	SL	4.00	16	710.			710.	710.		0.
29	SOFTWARE	120502	SL	4.00	16	885.			885.	885.		0.
30	COMPAQ	062904	SL	5.00	16	600.			600.	480.		120.
31	PRINTER	053107	SL	5.00	16	995.			995.	216.		199.
32	COMPUTER SYSTEM	111907	SL	5.00	16	2,014.			2,014.	235.		403.
33	COMPUTER SERVER SYSTEM	031908	SL	5.00	16	799.			799.	40.		160.
34	COMPUTER SYSTEM	060308	SL	5.00	16	688.			688.	11.		137.
	* TOTAL 990 PAGE 10 DEPR					86,287.		0.	86,287.	81,484.	0.	1,513.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **ESSEX COUNTY COMMUNITY FOUNDATION, INC.** Business or activity to which this form relates: **FORM 990 PAGE 10** Identifying number: **04-3407816**

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,513.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,513.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and other details

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

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

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

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle use by employees

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

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2008 tax year: Table with columns for percentage and other details

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44