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2010

Open to Public Inspection

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 10

City or town, state or country, and ZIP + 4

TOPSFIELD, MA 01983

D Employer identification number

22-2502335

E Telephone number

978-887-6100

F Group Exemption Number**H** Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) _____**I** Website: **ESSEXCOUNTYBEEKEEPERS.ORG****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 70,956.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	683.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,851.
	4	Investment income	4	670.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	62,211.
c	Less: direct expenses from gaming and fundraising events	6c	53,758.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,453.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	3,541.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	17,198.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	10,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,000.
	14	Occupancy, rent, utilities, and maintenance	14	498.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	5,190.
	17	Total expenses. Add lines 10 through 16	17	16,688.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	510.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	116,523.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	773.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	117,806.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	115,606.	117,386.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	917.	420.
25 Total assets	116,523.	117,806.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	116,523.	117,806.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **FURTHER INTEREST IN BEEKEEPING**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 FURTHER EDUCATION OF STUDENTS BY AWARDING SCHOLARSHIPS(Grants \$) If this amount includes foreign grants, check here ☐ **28a****29 FURTHER INTEREST IN BEEKEEPING BY PROVIDING INFORMATION AND EDUCATION**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30 PARTICIPATE IN THE TOPSFIELD FAIR ON AN ANNUAL BASIS**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31 Other program services (describe in Schedule O)**(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses (add lines 28a through 31a)** **32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PHIL WATSON, 38 LOMBARD AVE, AMESBURY, MA 01913-4007	PRESIDENT 2.00	0.	0.	0.
JANE WILD, 760 MAIN STREET, W. NEWBURY, MA 01985-1219	VICE PRESIDENT 2.00	0.	0.	0.
GLEN MIGNAULT, 261 NEWBURY STREET, LOT 109, PEABODY, MA 01960-7452	RECORDING SECRETARY 2.00	0.	0.	0.
RICHARD GIRARD, 11 SALT WALL LANE, SALEM, MA 01970-8040	FINANCIAL MBRSHIP SECRETARY 2.00	0.	0.	0.
KATHY GALLUCCI 13 REYNOLDS ROAD, WAKEFIELD, MA 01880	TREASURER 2.00	0.	0.	0.
RICK DAVIES PO BOX 777, W. NEWBURY, MA 01985-2777	DIRECTOR 0.00	0.	0.	0.
CINDI MCDERMOTT, 137 SEVEN START ROD, GROVELAND, MA 01834-2212	DIRECTOR 0.00	0.	0.	0.
DAN PHILLIPS, 19 HIGHLAND RD, KENSINGTON, NH 03833-5818	DIRECTOR 0.00	0.	0.	0.
FRANK CORDIMA, 14 GLENCREST DR, N. ANDOVER, MA 01845-1315	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

☒ X

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	NONE	
42a The organization's books are in care of	KATHY GALLUCCI	
Located at	13 REYNOLDS ROAD, WAKEFIELD, MA	
Telephone no.	7818621975	
ZIP + 4	01880	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

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- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a	X	
46	X	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000
- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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

KATHY GALLUCCI, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

PAMELA C. BOARDWAY

PAMELA C. BOARDWAY

05/02/11

Firm's name GAUTHIER & BOARDWAY, CPA'S, INC.

Firm's EIN

Firm's address 7 ESSEX GREEN DRIVE

Phone no

PEABODY, MA 01960-2920

(978) 531-0024

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number

22-2502335

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

 $\overline{MA}$

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))	
		TOPSFIELD FAIR	BEE SCHOOL	NONE		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts	59,903.	2,308.		62,211.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	59,903.	2,308.		62,211.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	51,854.	1,904.		53,758.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(53,758)
11	Net income summary. Combine line 3, column (d), and line 10				8,453.	

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))	
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name

Address

- 16 Gaming manager information:**

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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Name of the organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number
22-2502335

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	495.
INTEREST INCOME	175.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	670.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER REVENUE	3,083.
DINNER MEETING	458.
TOTAL TO FORM 990-EZ, LINE 8	3,541.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: JESSICA ANTOS

GRANTEE ADDRESS: 29 GROVE STREET MERRIMAC, MA 01860

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: ANNA JOSEPHSON

GRANTEE ADDRESS: 46 WASHINGTON STRET IPSWICH, MA 01938

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: JAMIE COLEMAN

GRANTEE ADDRESS: 29 SUMMIT AVENUE SAUGUS, MA 01906

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: LAURA JOSEPHSON

GRANTEE ADDRESS: 46 WASHINGTON STRET IPSWICH, MA 01938

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: RESEARCH GRANT

GRANTEE NAME: WELLSLEY COLLEGE

GRANTEE ADDRESS: 106 CENTRAL STREET WELLESLEY, MA 02481

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: MELANIE JESSEL

GRANTEE ADDRESS: 23 LILY POND ROAD BOXFORD, MA 01921

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: JASON SAMPLE

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number
22-2502335

GRANTEE ADDRESS: 40 CENTER STREET GROVELAND, MA 01834

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 10,000.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 498.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

BANK CHARGES 15.

MEETING EXPENSES 2,220.

INSURANCE 735.

LIBRARY 665.

TELEPHONE 751.

TREASURERS EXPENSES 210.

WEB PAGE 30.

DONATIONS 500.

ANNUAL FILING FEE 15.

STATE TAXES 49.

TOTAL TO FORM 990-EZ, LINE 16 5,190.

FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:

UNREALIZED GAIN/LOSS ON INVESTMENTS 773.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number

22-2502335

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	917.	420.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

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
1	OCCUPANCY, RENT, UTILITIES FURNITURE & FIXTURES	030197200DB	5.00	17		557.			557.	557.		0.
2	THEATER	020198200DB	7.00	17		180.			180.	180.		0.
3	CHAIRS	100198200DB	7.00	17		320.			320.	320.		0.
4	COMPUTER	080197200DB	5.00	17		2,509.			2,509.	2,509.		0.
5	COPIER	052901SL	7.00	16		6,835.			6,835.	6,835.		0.
6	GRANITE BENCH	062105200DB	5.00	17		300.			300.	283.		17.
7	FAIR PLANTER	081905200DB	5.00	17		852.			852.	803.		49.
8	SPA SYSTEM	012906200DB	5.00	17		1,979.			1,979.	1,637.		228.
9	ATAGO DIGITAL REFRACTOMETER	091408200DB	5.00	17		300.			300.	156.		58.
10	CUP COMMERCIAL COFFEE MAKER	073009200DB	5.00	17		456.			456.	91.		146.
	* 990-EZ PG 1 TOTAL OCCUPANCY, RENT, U					14,288.		0.	14,288.	13,371.	0.	498.
	* GRAND TOTAL 990-EZ PG 1 DEPR					14,288.		0.	14,288.	13,371.	0.	498.

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* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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[illegible]