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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 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) Room/suite P.O. BOX 10 City or town, state or province, country, and ZIP or foreign postal code TOPSFIELD, MA 01983 D Employer identification number 22-2502335 E Telephone number 978-887-6100 F Group Exemption Number ▶ G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶ H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 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 Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 81,289.

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	3,128.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,154.
	4	Investment income	4	1,032.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	73,545.
6c	Less: direct expenses from gaming and fundraising events	6c	56,955.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	16,590.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	430.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	24,334.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,500.
	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	751.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	5,475.
	17	Total expenses. Add lines 10 through 16	17	12,726.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,608.
	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	139,699.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	485.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	151,792.

HA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2013)

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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	135,168.	22	148,013.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	4,531.	24	3,779.
25 Total assets	139,699.	25	151,792.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139,699.	27	151,792.

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 ☐

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **FURTHER INTEREST IN BEEKEEPING**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 AWARDED 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANK CORDIMA				
PRESIDENT	2.00	0.	0.	0.
PHIL WATSON				
VICE PRESIDENT	2.00	0.	0.	0.
ANITA DEELEY				
RECORDING SECRETARY	2.00	0.	0.	0.
RICHARD GIRARD				
FINANCIAL MBRSHP SECRETARY	2.00	0.	0.	0.
KATHY GALLUCCI				
TREASURER	2.00	0.	0.	0.
THOMAS BEATON				
DIRECTOR	0.00	0.	0.	0.
RICHARD DAVIES				
DIRECTOR	0.00	0.	0.	0.
MARY FOLEY				
DIRECTOR	0.00	0.	0.	0.
JANE WILD				
DIRECTOR	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant 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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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	0.	
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39a	Section 501(c)(7) organizations. Enter:	N/A	
39b	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
40b	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	N/A	
40c	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	
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
40e	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		X
41	List the states with which a copy of this return is filed <u>NONE</u>		
42a	The organization's books are in care of <u>KATHY GALLUCCI</u> Telephone no. <u>7818621975</u> Located at <u>13 REYNOLDS ROAD, WAKEFIELD, MA</u> ZIP + 4 <u>01880</u>		
42b	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: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	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: _____		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 <u>43</u> <u>N/A</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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 (see instructions)		

- 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
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 Date 7/13/14
 Signature of officer Kathy Gallucci
KATHY GALLUCCI, TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name PAMELA C. BOARDWAY	Preparer's signature <u>Pamela C. Boardway</u>	Date <u>07/22/14</u>	Check ☐ if self-employed	PTIN P00296486
Firm's name ▶ GAUTHIER & BOARDWAY, CPAS, INC.			Firm's EIN ▶ 04-2996529	
Firm's address ▶ 7 ESSEX GREEN DRIVE, SUITE 51 PEABODY, MA 01960-2920			Phone no. (978) 531-0024	

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

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 TOPSFIELD FAIR (event type)	(b) Event #2 BEE SCHOOL (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	66,824.	4,725.		71,549.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	66,824.	4,725.		71,549.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,666.	1,575.		15,241.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,241.
	11 Net income summary. Subtract line 10 from line 3, column (d)				56,308.

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 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. Subtract line 7 from line 1, column (d)				

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.** 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).

Part IV	Supplemental Information <i>(continued)</i>
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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

501.

INTEREST INCOME

79.

CAPITAL GAIN DISTRIBUTION

452.

TOTAL INCLUDED ON FORM 990-EZ, LINE 4

1,032.

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

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

DINNER MEETING

430.

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

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

750.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

750.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Name of the organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number

22-2502335

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

250.

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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OMB No. 1545-0047

2013

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Inspection

Name of the organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number

22-2502335

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,500.

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

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 751.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MEETING EXPENSES 1,780.

INSURANCE 942.

LIBRARY 969.

TELEPHONE 896.

TREASURERS EXPENSES 210.

WEB PAGE 94.

DONATIONS 500.

ANNUAL FILING FEE 15.

BANK CHARGES 26.

STATE TAXES 43.

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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Employer identification number

22-2502335

TOTAL TO FORM 990-EZ, LINE 16

5,475.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

UNREALIZED GAIN/LOSS ON INVESTMENTS

485.

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

DESCRIPTION

BEG. OF YEAR

END OF YEAR

OTHER DEPRECIABLE ASSETS

4,531.

3,779.