

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

OMB No 1545-1150

2016

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 2016 calendar year, or tax year beginning

and ending

B Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final 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 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

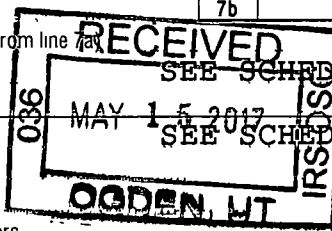
Number ▶

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** 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 ▶ \$ **106,179.****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	8,271.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,858.
	4	Investment income	4	917.
	5a	Gross amount from sale of assets other than inventory	5a	219.
	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	219.
	Expenses	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	93,494.
c		Less: direct expenses from gaming and fundraising events	6c	73,631.
d		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,863.
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	420.
9		Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	32,548.
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	10,800.
	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	815.
	15	Printing, publications, postage, and shipping	15	833.
	16	Other expenses (describe in Schedule O)	16	17,831.
	17	Total expenses Add lines 10 through 16	17	31,279.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,269.
	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	161,623.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	738.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	163,630.



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

Form **990-EZ** (2016)

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	159,235.	22	161,924.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,388.	24	1,706.
25 Total assets	161,623.	25	163,630.
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)	161,623.	27	163,630.

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; 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	10,800.
29 FURTHER INTEREST IN BEEKEEPING BY PROVIDING INFORMATION AND EDUCATION		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	1,204.
30 PARTICIPATE IN THE TOPSFIELD FAIR ON AN ANNUAL BASIS		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	66,200.
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	78,204.

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
KATHY GALLUCCI				
PRESIDENT	2.00	0.	0.	0.
LINDA BOYLAN				
VICE PRESIDENT	2.00	0.	0.	0.
KIM WILKINSON				
RECORDING SECRETARY	2.00	0.	0.	0.
RICHARD GIRARD				
FINANCIAL MBRSHP SECRETARY	2.00	0.	0.	0.
IRENE JOSEPHSON				
TREASURER	2.00	0.	0.	0.
GEOFF NEALE				
DIRECTOR	0.00	0.	0.	0.
ROB STANTON				
DIRECTOR	0.00	0.	0.	0.
WAYNE ROMANO				
DIRECTOR	0.00	0.	0.	0.
MEL GADD				
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
b 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	
c 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	37a	0.
b 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?	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:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		IRENE JOSEPHSON
Located at		46 WASHINGTON STREET, IPSWICH, MA
Telephone no.		978-356-0449
ZIP + 4		01938-1836
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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If "Yes," enter the name of the foreign country:		
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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)	45b	

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

(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 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

IRENE JOSEPHSON, 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

05/04/17

P00296486

Firm's name GAUTHIER & BOARDWAY, CPAS, INC.

Firm's EIN 04-2996529

Firm's address 7 ESSEX GREEN DRIVE, SUITE 51

Phone no. (978) 531-0024

PEABODY, MA 01960-2920

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

☒ Yes ☐ No

Form 990-EZ (2016)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2016

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

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.

MA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))
		TOPSFIELD FAIR (event type)	BEE SCHOOL (event type)	5 (total number)	
Revenue	1 Gross receipts	84,665.	5,084.	3,745.	93,494.
	2 Less. Contributions				
	3 Gross income (line 1 minus line 2)	84,665.	5,084.	3,745.	93,494.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	66,200.	1,204.	6,227.	73,631.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				73,631.
	11 Net income summary. Subtract line 10 from line 3, column (d)				19,863.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ 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 conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

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

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

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

Part IV	Supplemental Information <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

2016

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

861.

INTEREST INCOME

56.

TOTAL INCLUDED ON FORM 990-EZ, LINE 4

917.

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

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

DINNER MEETING

420.

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

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

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.

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Inspection

Name of the organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number

22-2502335

DATE OF GIFT: 03/12/16

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

AMOUNT GIVEN:

1,800.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

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

Schedule O (Form 990 or 990-EZ) (2016)

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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OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC

Employer identification number

22-2502335

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/12/16

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 10,800.

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

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 682.

OTHER EXPENSES 133.

TOTAL TO FORM 990-EZ, LINE 14 815.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MEETING EXPENSES 1,587.

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

Schedule O (Form 990 or 990-EZ) (2016)

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

INSURANCE	1,000.
LIBRARY	473.
TELEPHONE	1,209.
TREASURERS EXPENSES	150.
WEB PAGE	248.
DONATIONS	3,105.
ANNUAL FILING FEE	15.
BANK CHARGES	38.
STATE TAXES	116.
DUES	195.
DISCRETIONARY FUNDS	275.
DOOR PRIZE	494.
GRANT APPLICATIONS	8,375.
OFFICE SUPPLIES	300.
PARADES	176.
SPEAKER FEE	75.
TOTAL TO FORM 990-EZ, LINE 16	17,831.

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

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN/LOSS ON INVESTMENTS	738.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	2,388.	1,706.