# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ 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.lrs.gov/form990.

Open to Public Inspection

			2016 calendar year, or tax year beginning	and en	ding			
Name obtains   ESSEX COUNTY BEEKERPERS ASSOCIATION, INC   22 - 250 2335	.B_ a	heck if	C Name of organization	D Employ	Employer identification number			
Description Companies   ESSEX COUNTY BEEKREPPERS ASSOCIATION, TNC   22-2502355	2	7						
Number and street (or P.D. box, if mail is not dishweed to street address)   Room/suite   Felephone number   P.O. BOX 10   978 – 887 – 6100   P.O. BOX 10			¥	22				
P.O. BOX 10   978-887-6100	(-	Initial	Number and street (or P.O. box, if mail is not delivered to street add					
Part   Control young   Control young state or province, country, and 2/P or foreign postal code   F Group Exemption   Number		⊣Final i		97	978-887-6100			
Number   N	1 2	Amen	City or town state or province country, and 7ID or foreign postel of	ode	•	F Group	Exemption	on
Website:   SESEXCOUNTYBEEKEEPRS   Accord   Other (specify)	\ <u>-</u>	_						
Tax-exempt status (check only one)	G-/					H Check	<b>▶</b> X	If the organization is
Tax-exempt status (check only one)	W 1	Nebsit				not rea	quired to	attach Schedule B
Keeping of organization:   Xi   Corporation   Trust   Association   Other				sert no.) 4947(a)(1	or 527	(Form	990, 990	)-EZ, or 990-PF)
Column (8) bellow) are \$500,000 or more, file Form 980 instead of Form 990-EZ	KF	orm o		- Control of				
Column (8) bellow) are \$500,000 or more, file Form 980 instead of Form 990-EZ	L A	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more, or if tot	al assets (Part	11,		
Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  1					,	•	\$	106,179.
1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events a Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions gross income from fundraising events (not including \$ of contributions gross income from fundraising events (not including \$ of contributions gross income from fundraising events (not including \$ of contributions gross income from fundraising events (atlach Schedule G if the sum of such gross income (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from gamens of inventory (Subtract line 7b from line RECEIVED  7 total revenue (describe in Schedule 0) 9 Total revenue (adscribe in Schedule 0) 9 Total revenue (adscribe in Schedule 0) 10 Grants and smillar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 1,000. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) forth eyer (Subtract line 17 from line 9) 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) 20 Other changes in nat assets or fund balances (			Revenue, Expenses, and Changes in Net Assets of	r Fund Balances	(see the instri	uctions fo	r Part I)	
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16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O 16 17, 831.  17 31, 279.  18 18 17, 269.  19 161, 623.  20 738.	ë	1	·			<b></b>		
16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O 16 17, 831.  17 31, 279.  18 18 17, 269.  19 161, 623.  20 738.	χ	1	·	SEE SCHE	DULE O			
17   Total expenses Add lines 10 through 16   17   31,279.   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 0)   SEE SCHEDULE 0   20   738.   21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   163,630.		1						
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 1, 269.  19 161, 623.  20 738.				SEE SCHE	DOTE O			
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)  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  19 161,623.  20 738.  21 163,630.		+						
21 Net assets or fund balances at end of year. Combine lines 18 through 20	şţ					-	18	1,209.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	sse	19					40	161 600
21 Net assets or fund balances at end of year. Combine lines 18 through 20	μ¥	00	, , , , , , , , , , , , , , , , , , , ,	ਰਜ਼ਾਨਨ ਕਰਵਨ				
	ž	1	• • • • • • • • • • • • • • • • • • • •	SEE SCRE	DODE Ó	_		
				<del></del>			<u> </u>	

	1990-EZ (2016) ESSEX COUNTY BEEKEEPERS A	SSOCIATION	, INC	22-	<u> 250233</u>	35 Page 2
Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any que		-,		X
			(A) Beginning of year	_ -		nd of year
22	Cash, savings, and investments		159,235			<u>161,924.</u>
23	Land and buildings	Ì		23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O	)	2,388			1,706.
25	Total assets	}	161,623		ļ	163,630.
26	Total liabilities (describe in Schedule 0)			. 26	<u></u>	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	- A - 7 Al 1 - 1	161,623		1	163,630.
Pa	art III Statement of Program Service Accomplishmen	•	•			penses for cootion
	Check if the organization used Schedule O to res			<u> </u>	(Required f   501(c)(3) a	and 501(c)(4)
Wha	it is the organization's primary exempt purpose? <b>FURTHER INTERE</b>	ST IN BEEK	EEPING		organizatio	ns; optional for
	ribe the organization's program service accomplishments for each of its three largest program ster, describe the services provided, the number of persons benefited, and other relevant inform		kpenses In a clear and concise		others.)	
28	FURTHER EDUCATION OF STUDENTS BY A	WARDING SC	HOLARSHIPS _			
	(Grants \$ ) If this amount includes foreign g				28a	<u> 10,800.</u>
29	FURTHER INTEREST IN BEEKEEPING BY P	ROVIDING I	NFORMATION			
	AND EDUCATION					
				_	] ]	
	(Grants \$ ) If this amount includes foreign g		<u> </u>		29a	<u>1,204.</u>
30	PARTICIPATE IN THE TOPSFIELD FAIR O	N AN ANNUA	L BASIS			
		······				
				_		
	(Grants \$ ) If this amount includes foreign of	grants, check here			30a	<u>66,200.</u>
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign of	rants, check here	<u> </u>		31a	
	Total program service expenses (add lines 28a through 31a)				32	78,204.
P	art IV List of Officers, Directors, Trustees, and Key E	:mployees (list eacl	h one even if not compensated	see the	nstructions fo	or Part I\A
_	Check if the organization used Schedule O to res	1	estion in this Part I'	٧		
		(b) Average hour	estion in this Part I's (c) Reportable	√ (d) н	ealth benefits,	(e) Estimated
	Check if the organization used Schedule O to res	(b) Average hour per week devoted	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Ho	ealth benefits, tributions to loyee benefit	(e) Estimated amount of other
	(a) Name and title	(b) Average hour	estion in this Part I's (c) Reportable compensation (Forms	(d) He contempt	ealth benefits,	(e) Estimated
	(a) Name and title	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contemp plans	ealth benefits, tributions to oyee benefit and deferred npensation	(e) Estimated amount of other compensation
PF	(a) Name and title THY GALLUCCI ESIDENT	(b) Average hour per week devoted	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contemp plans	ealth benefits, tributions to loyee benefit and deferred	(e) Estimated amount of other
PF LI	(a) Name and title  THY GALLUCCI  ESIDENT  INDA BOYLAN	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Horizontal Control	ealth benefits, tributions to loyee benefit, and deferred apensation	(e) Estimated amount of other compensation
PF LI VI	(a) Name and title ATHY GALLUCCI RESIDENT RINDA BOYLAN RICE PRESIDENT	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Horizontal Control	ealth benefits, tributions to oyee benefit and deferred npensation	(e) Estimated amount of other compensation
LI VI KI	(a) Name and title  ATHY GALLUCCI  ESIDENT  INDA BOYLAN  ICE PRESIDENT  M WILKINSON	(b) Average hour per week devoted position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Horizont employers cor	ealth benefits, tributions to loyee benefit and deferred inpensation	(e) Estimated amount of other compensation  0.
PE LI VI KI RE	(a) Name and title  ATHY GALLUCCI RESIDENT INDA BOYLAN ICE PRESIDENT IM WILKINSON ICORDING SECRETARY	(b) Average hour per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Horizont employers cor	ealth benefits, tributions to loyee benefit, and deferred apensation	(e) Estimated amount of other compensation
PE LI VI KI RE RI	(a) Name and title  ATHY GALLUCCI RESIDENT INDA BOYLAN ICE PRESIDENT IM WILKINSON RECORDING SECRETARY ICHARD GIRARD	(b) Average hour per week devoted position  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He continued the continued	ealth benefits, inbutions to oyee benefit and deferred in pensation 0.	(e) Estimated amount of other compensation  0.
PF LI VI KI RE RI	(a) Name and title  ATHY GALLUCCI RESIDENT RINDA BOYLAN RICE PRESIDENT RIM WILKINSON RICORDING SECRETARY RICHARD GIRARD RINANCIAL MBRSHP SECRETARY	(b) Average hour per week devoted position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He continued the continued	ealth benefits, tributions to loyee benefit and deferred inpensation	(e) Estimated amount of other compensation  0.
PF LI VI KI RE RI IF	(a) Name and title  ATHY GALLUCCI RESIDENT RINDA BOYLAN RICE PRESIDENT RIM WILKINSON RICORDING SECRETARY RICHARD GIRARD RIANCIAL MBRSHP SECRETARY RENE JOSEPHSON	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He continued and the conti	ealth benefits, inbutions to oyee benefit and deferred and deferred appensation  0 •  0 •	(e) Estimated amount of other compensation  0.  0.
PF LI VI KI RE RI TF	(a) Name and title  ATHY GALLUCCI RESIDENT INDA BOYLAN ICE PRESIDENT IM WILKINSON ICCORDING SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER	(b) Average hour per week devoted position  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He continued and the conti	ealth benefits, inbutions to oyee benefit and deferred in pensation 0.	(e) Estimated amount of other compensation  0.
PE LI VI KI RI TE GE	(a) Name and title  ATHY GALLUCCI RESIDENT INDA BOYLAN ICE PRESIDENT IM WILKINSON ICORDING SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ICOFF NEALE	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He continued and the conti	ealth benefits, intoutions to oyee benefit and deferred inpensation  0.  0.	(e) Estimated amount of other compensation  O.  O.  O.
PR LI VI RI RI TI GE	(a) Name and title  ATHY GALLUCCI RESIDENT INDA BOYLAN ICE PRESIDENT IM WILKINSON ICORDING SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER IOFF NEALE IRECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He continued and the conti	ealth benefits, inbutions to oyee benefit and deferred and deferred appensation  0 •  0 •	(e) Estimated amount of other compensation  0.  0.
PE LI VI RI RI TE GE DI RI	(a) Name and title  ATHY GALLUCCI RESIDENT INDA BOYLAN ICE PRESIDENT IM WILKINSON ICORDING SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE IRECTOR DB STANTON	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00	estion in this Part II  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.	(d) H	ealth benefits, inbutions to oyee benefit and deferred in pensation    0 .    0	(e) Estimated amount of other compensation  O.  O.  O.  O.
PE LI VI KI RE RI FI FI GE DI	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN ICE PRESIDENT  IM WILKINSON ICORDING SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER IOFF NEALE IRECTOR INDESTRUCTOR I	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) H	ealth benefits, intoutions to oyee benefit and deferred inpensation  0.  0.	(e) Estimated amount of other compensation  O.  O.  O.
PF LI VI KI RE RI FI TF GE DI W	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN ICE PRESIDENT  IM WILKINSON ICORDING SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER IOFF NEALE IRECTOR IRECTOR INDEX SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY ICHARD GIRARD INANCIAL MBRSHP SECRETARY ICHARD GIRARD ICHARD G	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  2.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.  0.	(d) H. Continuous cont	ealth benefits, inbutions to oyee benefit and deferred in the control of the cont	(e) Estimated amount of other compensation  O.  O.  O.  O.
PF LI VI RI RI FI FI GE DI W	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR RESTANTON RECTOR AYNE ROMANO RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00	estion in this Part II  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.	(d) H. Continuous cont	ealth benefits, inbutions to oyee benefit and deferred in pensation    0 .    0	(e) Estimated amount of other compensation  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred inpensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR RESTANTON RECTOR AYNE ROMANO RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  2.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.  0.	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred in the control of the cont	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred inpensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred inpensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred inpensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred inpensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred inpensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.
PF LII VII RE RII FI FI FI DI NO DI ME	(a) Name and title  ATHY GALLUCCI RESIDENT  INDA BOYLAN RECE PRESIDENT  IM WILKINSON RECORDING SECRETARY RECHARD GIRARD RANCIAL MBRSHP SECRETARY RENE JOSEPHSON REASURER ROFF NEALE RECTOR	(b) Average hour per week devoted position  2.00  2.00  2.00  2.00  0.00  0.00	estion in this Part I's (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	V (d) H (continuous) plans, cor	ealth benefits, inbutions to oyee benefit and deferred in the control of the cont	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.

632172 12-08-16

Form	990-EZ (2016) ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC 22-25023	335	F	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this			
			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	ł	ľ	
	activity in Schedule O	33		_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)	34		<u>X</u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	l		
	on lines 2, 6a, and 7a, among others)?	35a		_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	35b	N/	<u>A</u>
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	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	ļ		
	complete applicable parts of Schedule N	36		_X_
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	l		
þ	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38 a	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		<u>X</u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	ì		
39	Section 501(c)(7) organizations. Enter:	ļ		
a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A	j		
40 a				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	Ì		}
Ų	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/	<u>_</u>
^	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400	11/	
٠	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ļ		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	ł		<u> </u>
-	by the organization N/A	Ì		
е	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			
	The organization's books are in care of ► IRENE JOSEPHSON Telephone no. ► 978-35	6-0	449	
	Located at ▶ 46 WASHINGTON STREET, IPSWICH, MA ZIP+4 ▶ 0	193	8-1	836
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		Yes	
	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			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			V	No
44-	Did the expenses are about the desired finds the condition of the conditio		res	INO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44.		
	Form 990-EZ	44a		X
U	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	446		·
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44s, has the organization filed a Form 720 to report these payments? If "No." provide an explanation	44c	ļ	<del>  ^</del>
a	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		1
45.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		X
	Did the organization have a commoned entity within the meaning of section 312(0)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	708	<del>                                     </del>	1
J	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
_			90-F7	(2016)

oini s	90-EZ (2016) ESSEX COUNTY BEEKEEPERS A	SSOCIATION,	INC	<u> 22-25023</u>		_
<b>46</b> [	Did the organization engage, directly or indirectly, in political campaign activitie	a on hohalf of or in onno	ecition to candidates for nu	blic office?	Yes No	<u>,</u>
	nd the organization engage, directly of indirectly, in political campaign activities f "Yes," complete Schedule C, Part I	S on benan of or in oppo	osition to candidates for pu	1	46 X	
	t VI Section 501(c)(3) organizations only				40 2	_
<u> </u>	All section 501(c)(3) organizations must answer questions 47-	AQh and 52, and com	inlete the tables for line	s 50 and 51		
	Check if the organization used Schedule O to respond to any					7
	one of the organization about contract to the contract to the	900000000000000000000000000000000000000	<u>··</u>		Yes No	<u>-</u>
47 [	old the organization engage in lobbying activities or have a section 501(h) elec	tion in effect during the t	ax year? If "Yes," complete	Sch. C, Part II	47	_
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c				48	_
49a (	old the organization make any transfers to an exempt non-charitable related or	ganization?			49a	_
bΙ	f "Yes," was the related organization a section 527 organization?			<u> </u>	19ь 📗	
<b>50</b> (	Complete this table for the organization's five highest compensated employees	(other than officers, dire	ectors, trustees, and key er	nployees) who ea	ch received more	8
t	han \$100,000 of compensation from the organization. If there is none, enter "I	Vone."			т	_
	(a) Name and title of each employee	(b) Average hours		(d) Health benefits, contributions to	(e) Estimated	
	/-	per week devoted to position	W-2/1099-MISC)	employee benefit plans, and deferred	amount of other	
	N/A	position		compensation	Compandation	_
					:	
						_
	<del> </del>	<u> </u>			<del> </del> -	_
		}			ł	
					<del></del>	_
		-				
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		{		,		
	otal number of other employees paid over \$100,000			<u> </u>	<b>L</b>	_
	Complete this table for the organization's five highest compensated independe	nt contractors who each	received more than \$100	000 of compensat	tion from the	
	organization. If there is none, enter "None." $N/A$	in contractors who cann	rodolvod moro man wroo,	ooo or companie		
<u></u>	(a) Name and business address of each independent contractor		(b) Type of service	(c) C	ompensation	_
	(-)		To J. Jps same	1 1 1 1 1 1		_
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	· · · · · · · · · · · · · · · · · · ·					
	Total number of other independent contractors each receiving over \$100,000		<b>&gt;</b>		<del></del>	_
	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organiz	ations must attach a				
	completed Schedule A		<del> </del>	<u> </u>		<u>No</u>
	penalties of perjury, I declare that I have examined this return, including acco				ge and belief, it i	S
true, c	orrect, and complete. Declaration of preparer tother than officer) is based on	all information of which p	preparer has any knowledo	je.		
O:	Signature of Officer	<del></del>		Date (	3017	
Sigr Her					•	
	IRENE JOSEPHSON, TREASURER Type or print name and title	· · · · · · · · · · · · · · · · · · ·				
		Date	Check	ıf PTIN		
		2	self- emplo	1		
Paid	harmaa a hormanaa harmaa a a	BOARDWAY 05	1	-	296486	
	Darer PAMELA C. BOARDWAY PAMELA C.			V ► 04-299		
Use	Only Firm's name ► GAUTHIER & BOARDWAY, C	CPAS, INC. SUITE 51	Phone no		31-0024	—
	PEABODY, MA 01960-292		Enoue no	. (9/0/5.	<u> </u>	_
May t	ne IRS discuss this return with the preparer shown above? See instructions		<del></del>	<u> </u>	Yes 🔲	No
uy 1	TO ALLO OF THE PROPERTY OF THE PROPERTY SHOWN ADDRESS OF THE HOURS				orm <b>990-EZ</b> (20	
				,	J. 111 JOY LE (40	

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number ESSEX COUNTY BEEKEEPERS ASSOCIATION 22-2502335 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants ь Internet and email solicitations Solicitation of government grants g X Special fundraising events С Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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 (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No Total 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

Pa	irt i	le G (Form 990 or 990 EZ) 2016 ESSEX (	OUNTY BEEKER  organization answered	"Yes" on Form 990, Part	t IV, line 18, or reported	more than \$15,000
	•	of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TOPSFIELD			(add col (a) through
			FAIR	BEE SCHOOL	5	col. (c))
o l			(event type)	(event type)	(total number)	Col. (C))
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.
	4	Cash prizes				
Se	5	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
xbeuse	6	Rent/facility costs				
Direct Expenses	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 throug	h 9 ın column (d)		<b>&gt;</b>	73,631.
	11		line 3, column (d)			19,863.
Pa	art	III Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·			
une			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ψ	ļ			bingo/progressive bingo	(O) Out of garming	col. (a) through col (c))
Revenue	1	Gross revenue	(	bingo/progressive bingo	(o) only garming	col. (a) through col (c))
	2	Gross revenue  Cash prizes		bingo/progressive bingo	(o) outer garming	col. (a) through col (c))
	2			bingo/progressive bingo	(o) out of garming	col. (a) through col (c))
Direct Expenses Reve	3	Cash prizes		bingo/progressive bingo	(o) out of garming	col. (a) through col (c))
ect Expenses	3	Cash prizes		bingo/progressive bingo	(o) out of garming	col. (a) through col (c))
ect Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%		Yes%	
ect Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	Yes%	Yes%	
ect Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No Sh 5 in column (d)	Yes % No	Yes%	
<b>o</b> Direct Expenses	3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes%  No  The from line 1, column (d)  Structs gaming activities:  activities in each of these	Yes % No  states?	Yes%	
9 Direct Expenses	3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines after the state(s) in which the organization conduct the organization licensed to conduct gaming as	Yes % No  The from line 1, column (d)  Sucts gaming activities:  activities in each of these  revoked, suspended, or	Yes% No  states?	Yes% No  year?	

	edule G (Form 990 or 990 EZ) 2016 ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC22-		
	Does the organization conduct gaming activities with nonmembers?	└── Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		<b>—</b> 1
	to administer charitable gaming?	Yes	L∐ No
	Indicate the percentage of gaming activity conducted in.	11	•
	The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	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		
		<del></del>	
	☐ 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
t	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9, 9b, 1	0b, 15b,

Schedule G	i (Form 990 or 990-EZ)	ESSEX	COUNTY	BEEKEEPERS	ASSOCIATION,	INC22-2502335	Page 4
Part IV	Supplemental Infor	mation (co	ntinued)				
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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.lrs.gov/form990.

2016
Open to Public Inspection

Name of the organization **Employer identification number** ESSEX COUNTY BEEKEEPERS ASSOCIATION. INC 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.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016
Open to Public

Inspection

Name of the organization **Employer identification number** ESSEX COUNTY BEEKEEPERS ASSOCIATION. 22-2502335 INC 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: 03/12/16 500. AMOUNT GIVEN: 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** 1,000. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: SCHOLARSHIP GRANTEE RELATIONSHIP: NONE

**DATE OF GIFT: 03/12/16** 

#### SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

Inspection

Employer identification number

22-2502335 ESSEX COUNTY BEEKEEPERS ASSOCIATION, INC AMOUNT GIVEN: 500. ACTIVITY CLASSIFICATION: SCHOLARSHIP GRANTEE RELATIONSHIP: NONE 1.000. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: SCHOLARSHIP GRANTEE RELATIONSHIP: NONE <u>DATE OF GIFT: 03/12/16</u> 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: 682. DEPRECIATION 133. OTHER EXPENSES 815. TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 1,587. MEETING EXPENSES

#### **SCHEDULE 0**

(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 Open to Public Inspection

Name of the organization

Employer identification number 22-2502335 ESSEX COUNTY BEEKEEPERS ASSOCIATION. INC

ESSEX COUNTY BEEKEEPERS ASSOCIAT	$ION$ , $INC \mid 22-2$	502335
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	<del></del>	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 ASS	ETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED GAIN/LOSS ON INVESTENTS		738.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	2,388.	1,706.