

Massachusetts Office of the Attorney General Division of Public Charities

Form PC

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Please TYPE or CLEARLY PRINT all entries in black ink

ORGANIZATION DATA	: ' '	MAILING ADDRESS (if different)				
Name: FEOFFEES OF THE GRAMMAR SCHO	OOL	Name:				
Name (cont.): IN THE TOWN OF IPSWICH		Name (cont.):				
Address: P.O. BOX 709		Address:				
Addr (cont.): 2 DEPOT SQUARE		Addr (cont.):				
City: IPSWICH State: N	1A	City: State:				
Zip Code: 01938		Zip Code:				
Phone: (978) 356-1040		Phone: ()				
Fax: (978) 356-1042		Fax: ()				
E-Mail:	Park for	Eşmayı:				
Web Site (URL):						
		Please enter dates below (example: 12/23/1982)				
Attorney General's account number:		Please enter dates below (example: 12/23/1982)				
Federal ID number: 04-6001191		Date of organization: 11/14 / 1650				
IRS exemption under 501(c) ()		Date of incorporation: N/A / /				
Check box if no IRS exemption>	Х	Fiscal year-end date: 06 / 30 / 2002				
In the section below, please enter the appropriate code	s from the co	rresponding tables found on the instruction sheets:				
CATEGORY	CODE	Enter up to 4 codes from Table 3 for your CODE organization's main purpose(s)				
County (Table 1)>	5	Organization purpose code !> 8				
Type of organization (Table 2)>	2	Organization purpose code 2>				
		Organization purpose code 3>				
		Organization purpose code 4>				
Please place an "X" in the box to the		DO NOT WRITE IN THIS BLOCK				
right if this is a final report:		Payment received:				
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Form	DC			
ГОПП	Γ			

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1.	Summary of Financial Data		e de la companya della companya della companya de la companya della companya dell
A.	Contributions, gifts, grants, and similar amounts received	s	0
В.	Gross support & revenue	s	707,248
c.	Program services & grants or similar amounts paid out	S	282,970
D.	Fundraising expense	S	0
E.	Managment and general expenses (*990 filers only)	s	436,438
F.	Payments to affiliates (*990 filers only)	s	0
G.	Total expenses	S	719,408
н.	Net assets or fund balances at end of year	s	15,707,351

2. On what date was the organization created?		Where was the organization created?		
(ex: 11/17/1981)	11/14/1650	IPSWICH, MASSACHUSETTS		

3. I	n the box to the right, please enter the code corres	poncin	g to resorm of your organization	
1	Corporation	4	Testamentary Trust	
2	Unincorporated Association	5	Inter Vivos Trust	
3	Other (please describe): VOTE OF TOWN ME	ETIN	G ON 11/14/1650	

4.	If the organization has ever been judicially or administratively enjoined or prohibited from	
	operating or from soliciting contributions, please place an "X" in the box to the right:	

If you marked the box to the right of Question 4 above, please attach a detailed explanation.

5. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's FIVE highest paid consultants providing professional services (e.g., attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel.)

	NAME	AMOUNT OF COMPENSATION	TYPE OF SERVICE(S)
1			
2			
3			
4			
5			

F	or	m	P	C
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6.	List the total compensation former directors, trustees, o	you provided to your ch fficers, or employees to	uef executive (e.g whom you prov	z., executive direct ided the highest to	or) plus the four tal compensatio	rother current or
	NAME	TITLE	HOURS PER WEEK	SALARY & OTHER INCOME	BENEFIT PLANS	OTHER, COMPEN- SATION
1	DONALD F. WHISTON	MANAGER	VARIES	\$9,600		_
2						
3						
4						
5						

7. If any compensation was provided to any of the listed individuals which was not quantified above, please place an "X" in the box to the right:

If you marked the box to the right of Question 7 above, please attach an explanation.

Note: EXECUTIVE COMPENSATION PAID WITHIN A SYSTEM OF RELATED ORGANIZATION WILL BE REPORTED AT QUESTION 10 AND IN SCHEDULE RO.

8.	"Rela	question involves "Termination of Employment or Change of Control Compensatory Arrangements" with co ated Parties" (see instructions and definition sections). Report only if payments made or promised to any ind cess of four months salary or \$100,000, whichever dollar amount is less.	ērtain lividusl a
	(a)	If you made actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above, please place an "X" in the box to the right:	
	(b)	If you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement, please place an "X" in the box to the right:	

If you marked the box to the right of Question 8(a) or 8(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of any agreement.

9. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g., in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 9 is "YES," attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

(question 9, cont'd) During the year, has your organization (4)	ES.	70
(A) Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		Х

F	O	rn	n	P	C
	~				•

çve	nor 9 contro Decembro year, interpondo especialismo	र दिन	!
	(B) Leased assets to or leased assets from a related party?	Х	
	(C) Been indebted to a related party?		х
	(D) Allowed a related party to be indebted to it?		х
	(E) Made or held an investment in a related party?		х
	(F) Furnished goods, services, or facilities to a related party?		х
	(G) Acquired goods, services, or facilities from a related party who received compensation or other value in return?		Х
	(H) Paid or became obligated to pay wages, salary or other compensation to a related party?		х
	(I) Transferred income or assets to or for use by a related party?		х
11.	If you marked the box to the right of Question 10 above, please complete Attorney General Schedule RO on of this form. If any restrictions have been removed during the year roan donog-restricted funds, please place and		
<u>-</u>	If you marked the box to the right of Question 11 above, please attach an explanation of the procedures follows:	*********	L
12.	If donor-restricted funds have been loaned to unrestricted funds, please place an "X" in the box to th	e right	
	If you marked the box to the right of Question 12 above, please attach an explanation.		
13.	During the fiscal year reported here, if your organization solicited contributions or had funds solicite behalf, please place an "X" in the box to the right:	d on its	
14.	At any time during the fiscal year following the year reported here, if your organization, or others ac behalf, will have solicited contributions, please place an "X" in the box to the right:	ting on its	

If You Marked The Boxes in Response to Question 13 or Question 14, You Must Complete Schedules A-1 And/or A-2 Unless You Are Exempt from the Solicitation Certificate Requirement.

(question 14, cont'd) If you are claiming an exemption from the solicitation certificate requirement, please indicate by placing the corresponding code in the box to the right to identify which exemption applies to your organization:

Form PC

l a religious organization

2

an organization which (A) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (B) carries out all of its activities, including fundraising, through unpaid volunteers. The conditions at both (A) and (B) must be met for your organization to qualify for this exemption.

15. Please indicate which form (whether or not filed with the IRS) is attached by placing an "X" in the appropriate hor."

IRS Form 990	Х
IRS Form 990 EZ	
IRS Form 990 PF	

IRS Form 1120	
IRS Form 1041	
A.G. Schedule B	
Probate Account	

of my knowledge.)PY
p.B	itle Date
officer or trustee	
DAN CLASBY & COMPANY	04-3395132
Name of preparer	
100 CUMMINGS CIR, SUIT	E 238C
Address	
BEVERLY, MA 01915	
Phone number (978) 922-990	0

SCHEDULE 9(B)

One of the 167 lots of land at Little Neck, Ipswich, is rented to the Foley Family Trust, of which James Foley, a Feoffee, is a beneficial owner. The annual rent for the lot is the same as all 143 lots which are limited to seasonal occupancy.



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)

2001 Open to Public inspection

OMB No. 1545-0047

		the Treasury De Service The organization may have to use a copy of this return to	satisf	y state reporting requirements.	Open to Public inspection
			and en		2
_	Check if	Please C Name of organization		D Employer	identification number
2	ipplicable:	use IRS FEOFFEES OF THE GRAMMER SCHOOL			
	Addres:	print or IN THE TOWN OF TEDWICH			001191
	Name change	type. Number and street (or P.O. box if mail is not delivered to street address)		Room/suite E Telephone	
	legrum	Specific 2 DEPOT SQUARE, P.O.BOX 709			356-1040
<u>_</u>	Final	tions. City or town, state or country, and ZIP + 4		F Accounting m Other (specify	ethod: X Cash Accruai
Ļ	∏Amende return ∏Appilca	providity the 01930	te		
L	pending	must attach a completed Schedule A (Form 990 or 990-EZ).		Hand I are not applicable to section H(a) Is this a group return for affili	· — —
	40. h 14			H(b) If "Yes," enter number of affili	
G \	Veb site:				N/A Yes No
.1 ()roaniza	tion type (checkonlyone) ▶ 501(c) () ◀ (insert no.) 4947(a)(1) or	527	(if "No," attach a list.)	
		re if the organization's gross receipts are normally not more than \$25,000. T		H(d) Is this a separate return filed	by an or-
		ion need not file a return with the IRS; but if the organization received a Form 990 Pack		ganization covered by a grou	p ruling? 🔲 Yes 🔀 No
i	n the ma	il, it should file a return without financial data. Some states require a complete return	•	I Enter 4-digit GEN ►	
				M Check ► X if the organiz	ation is not required to attach
L	eross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 707, 24		Sch. B (Form 990, 990-EZ, o	r 990-PF).
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	
	1	Contributions, gifts, grants, and similar amounts received:			
	а	Direct public support	1a		
	b	Indirect public support	1b		
	, c		1¢	L	
	d	Total (add lines 1a through 1c)			,
					0.
	2	Program service revenue including government fees and contracts (from Part VII, line	a 93)		
	3	Membership dues and assessments Interest on savings and temporary cash investments	Ÿ	3	
	4	Interest on savings and temporary cash investments	•••••	4	
	5	Dividends and interest from securities Gross rents SEE STATEMENT 1	6a	605 700	
	6 a	Coss rents Cost Cost Cost Cost Cost Cost Cost Co		033,133.	
	b	Net rental income or (loss) (subtract line 6b from line 6a)		6c	695,799.
en.	7	Other investment income (describe INTEREST ON SAVINGS	•••••) 7	11,449.
Revenue	l	Gross amount from sale of assets other (A) Securities		(B) Other	
Re		than inventory	8a		
	ь	Less: cost or other basis and sales expenses	8b		
	С	Gain or (loss) (attach schedule)	8c		
	ď	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	g	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions			
		reported on line 1a)	9a		
	ь	• • • • • • • • • • • • • • • • • • • •			
	C	Net income or (loss) from special events (subtract line 9b from line 9a)		<u>9c</u>	
	10 a		10a		
	ь	Less: cost of goods sold	100	100)	
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from		1	
	11 12	Other revenue (from Part VII, line 103)			707,248.
	13	Program services (from line 44, column (B))			282,970.
es	14	Management and general (from line 44, column (C))			436,438.
ens	15	Fundraising (from line 44, column (D))		i	
Expenses	16	Payments to affiliates (attach schedule)			
_	17	Total expenses (add lines 16 and 44, column (A))			719,408.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	<12,160.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	15,719,511.
ASS	20	Other changes in net assets or fund balances (attach explanation)			0.
•	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	15,707,351.

Part II Statement of All or Functional Expenses (4) or Constructional Expenses	ganiz. roaniz	ations must complete column ations and section 4947(a)(nn (A), Columns (B), (C), ar '1) nonexemot charitable to	id (D) are required for section usts but optional for others.	on 501(c)(3) and
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22	282,970.	282,970.	STATEMENT 2	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	9,600.	0.	9,600.	0.
26 Other salaries and wages	26	2,00		3,000.	-
27 Pension pian contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
	31		<u> </u>		
31 Accounting fees	32	8,812.		8,812.	
32 Legal fees	33	822.		822.	· · · · · · · · · · · · · · · · · · ·
33 Supplies	34	316.			
34 Telephone		310.	···	316.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				·
38 Printing and publications	38				
39 Travel	39				
48 Conferences, conventions, and meetings	40	160.		160.	
41 Interest	41			·	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):	Ιi				
a REAL ESTATE TAXES	43a	334,043.		334,043.	
b INSURANCE	43b	5,095.		5,095.	
POLICE DETAIL	43c	6,104.		6,104.	
d CONSULTANTS	43d	3,968		3,962.	
e REPAIRS & UPKEEP	43e	67,524		67,524.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	719,408.	282,970.	436,438.	0.
Joint Costs. Check ► ☐ if you are following SOP 98		713/1001	20275700	130,1301	
Are any joint costs from a combined educational campaign		d fundraising solicitation rec	norted in /B) Program consi	cas2	Vac X No
If 'Yes," enter (i) the aggregate amount of these joint cos	te S	o lattatatoning solicitation rep	ii) the amount allocated to	Program services \$	
(iii) the amount allocated to Management and general \$			(iv) the amount allocated to		· · · · · · · · · · · · · · · · · · ·
Part III Statement of Program Service			iv) the amount anocated to	Tunuraising w	•
What is the organization's primary exempt purpose?		tooomphalimento			
What is the organization's primary exempt purpose?					Program Service
All organizations must describe their exempt purpose achievement	s in a c	clear and concise manner, State	the number of clients served, pu	blications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable. (Section 501(c)(3) and (4) on					(4) orgs., and 4947(a)(1) trusts; but optional for others.)
a GIFT TO SCHOOL AND TRAN	45	ER TO TOWN O	F IPSWICH SC	HOOL	trusts; but optional for outless.)
ACCOUNT	<u> </u>	ER TO TOWN O	TEDWICH SC	пооц	
ACCOUNT					
				282,970.)	282,970.
h			Grants and allocations \$	202,310.	202,510.
ь					
			 		
·····					
			Grants and allocations \$	}	
С					
					•
		(@	Grants and allocations \$	<u>}</u>	
d					
		· -			
			Grants and allocations \$)	
e Other program services (attach schedule)			Frants and allocations \$)}	000 000
f Total of Program Service Expenses (should equal i	ine 44	l, column (B), Program serv	rices)	>	282,970.
123011		•	7		Form 990 (2001)

ST a Land, buildings, and equipment: basis ST a 15,419,900	Pa	rt i¥	Balance Sheets			 -	
45 Swings and temporary cash investments	Note:			unts within the description column			
46 Savings and temporary cash investments					9.989.	45	17.425
47 a Accounts receivable b Less: allowance for doubtful accounts 47 b Less: allowance for doubtful accounts 48 a Pledges receivable B Less: allowance for doubtful accounts 48 a Pledges receivable 50 Receivables from officers, directors, trustees, and key amployees 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Citer notes and loans receivable b Less: allowance for doubtful accounts 51 a Less receivable depreciation 52 a Preparation securities b Less: accommulated depreciation 53 a Investments - Indi, buildings, and equipment basis 55 a Investments - Securities b Less: accommulated depreciation 55 b Investments - Other 57 a Land, buildings, and acupinment basis 57 a Land, buildings, and acupinment basis 57 a Land, buildings, and acupinment basis 58 b Less: accommulated depreciation 58 Citer accounts payable and accounted expenses 59 Total assets (add lines 45 inrough 55) (must equal line 75 a Land, buildings, and accounted expenses 50 Citer liabilities (describe ► 50 Delerade revenue 50 Delerade revenue 51 Grants payable 52 Delerade revenue 53 Loans from officers, (rustees, and key employees 54 a Tax-exempt bond flabilities 55 Described from the first payable and accounted expenses 56 Total liabilities (add lines 80 through 65) 56 Total liabilities (add lines 80 through 65) 57 Unrestricted 58 Total liabilities (add lines 7 and 74 A Land Complete lines 67 through 58 Total net assets or land balances; (add lines 67 through 69 Olines 70 through 72; column (A) must equal line 17 and 2 and complete lines 57 Total rice assets or land balances; (add lines 67 through 69 Olines 70 through 72; column (A		1			7/303.		11,723
b Less: allowance for doubtful accounts 470		45	Savings and temporary cash investments .			40	
b Less: allowance for doubtful accounts 47b 48a 18dges receivable 48b 48b 48b 48c 48dges receivable 48dges receivable 48dges receivable 48dges receivable 48dges		47.	A	1472			
18 a Pledges receivable 48 a Pless: allowance for doubtful accounts 48 b 48 c 49 c 4							
48 a Pledges receivable 48b 48c		0	Less; anowance for doubtful accounts				
\$\frac{486}{99} \$48		40 2	Diadras receivable				
49 Grants receivable 49						1 - 1	
Solid Sol		_		1			
and key employees 50 51 a Chier notes and loans receivable 51a				1			
51 a Other notes and loans receivable 51a 51b 51b 55c		30				50	
S2 Inventionis for sale or use	sts	51 2					
S2 Prepaid expenses and deferred charges S2	SS	i .	Less: allowance for doubtful accounts	51b		51c	
53 Prepald expenses and deferred charges 53 54 54 55 54 55 55 55	⋖	_					
54 Investments - securities			***************************************			53	
55 a Investments - land, buildings, and equipment: basis			Investments - securities	Cost FMV		54	
Example Exa							
b Less: accumulated depreciation				55a			
57 a Land, buildings, and equipment: basis 57a 15,419,900 57b 15,419,900 57c 15,419,900 58 15,719,511 59 15,707,35 50 Accounts payable and accrued expenses 60 60 61 62 63 64 64 64 64 64 65 65 66 65 67 68 68 65 67 68 68 68 68 68 69 67 68 68 69 69 69 69 69 69			очения в в в в в в в в в в в в в в в в в в в				
57 a Land, buildings, and equipment: basis 57a 15,419,900 57b 15,419,900 57c 15,419,900 58 15,719,511 59 15,707,35 50 Accounts payable and accrued expenses 60 60 61 62 63 64 64 64 65 64 65 65 66 65 67 68 65 67 68 68 68 68 65 67 68 68 68 68 68 68 68		h	Less: accumulated depreciation	55b		55c	
57 a Land, buildings, and equipment: basis 57a 15,419,900 57b 15,419,900 57c 15,419,900 58 15,719,511 59 15,707,35 50 Accounts payable and accrued expenses 60 60 61 62 63 64 64 64 65 64 65 65 66 65 67 68 65 67 68 68 68 68 65 67 68 68 68 68 68 68 68		55	Investments - other	SEE STATEMENT 3	289,622.	58	270,026
D Less: accumulated depreciation 57b 15,419,900 57c 15,419,900 58							
So Other assets (describe		Ь	Less: accumulated depreciation	57b	15,419,900.	57¢	15,419,900
59 Total assets (add lines 45 through 58) (must equal line 71) 15,719,511 59 15,707,35 60 Accounts payable and accrued expenses 60 61 62 62 62 63 63 63 64a 64a 64 65 65 65 Other liabilities (describe						58	
Section Sect				action of the party of the part			
Section Sect		59	Total assets (add lines 45 through 58) (mus	equal line 75)	15,719,511.	59	15,707,351
Section Sect		60	Accounts payable and accrued expenses		·	60	
Some of the determinance of the control of the cont		61	Grants payable			61	
b Mortgages and other notes payable 65 Other liabilities (describe 65 Other liabilities (describe 66 Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 69 Organizations that do not follow SFAS 117, check here 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or lund balances (add lines 67 through 69 OR lines 70 through 72: column (A) must equal line 19; column (B) must equal line 21) 64b 655 66 Total liabilities (describe 68	es	62	Deferred revenue			62	
b Mortgages and other notes payable 65 Other liabilities (describe 65 Other liabilities (describe 66 Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 60 Organizations that do not follow SFAS 117, check here 70 Unrough 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or lund balances (add lines 67 through 69 OR lines 70 through 72: column (A) must equal line 19; column (B) must equal line 21) 64b 655 66 Total liabilities (describe 68	Ħ	63	Loans from officers, directors, trustees, and	key employees		63	
b Mortgages and other notes payable 65 Other liabilities (describe 65 Other liabilities (describe 66 Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 69 Organizations that do not follow SFAS 117, check here 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or lund balances (add lines 67 through 69 OR lines 70 through 72: column (A) must equal line 19; column (B) must equal line 21) 64b 655 66 Total liabilities (describe 68	iab.	64 a	Tax-exempt bond liabilities			64a	
Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here ► X and complete lines 67 through 69 and lines 73 and 74. Total net assets or fund balances (add lines 69 through 69 and complete lines 67 through 69 and lines 73 and 74. Total net assets or fund balances (add lines 67 through 69 and complete lines 70 through 74. Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72: column (A) must equal line 19; column (B) must equal line 21) O . 66 15,719,511. 67 15,707,35 15,707,35	_	t	Mortgages and other notes payable				
Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarity restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or lund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 15,719,511. 67 15,707,35 68 68 69 70 through 74. 70 71 71 72 73 15,707,35		65	Other liabilities (describe)		65	
Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarity restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or lund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 15,719,511. 67 15,707,35 68 68 69 70 71 72 73 75 77 77 78 78 79 79 70 70 70 71 71 72 73 75 77 77 78 78 79 79 70 70 70 70 70 71 72 73 75 77 77 77 78 78 78 78 78 78 78 78 78 78					0		0
69 and lines 73 and 74. 67 Unrestricted						66	<u> </u>
67 Unrestricted		Orga		A and complete lines 67 through			
Temporarily restricted 68 Temporarily restricted 69 Permanently restr	s	ļ			15 710 511	67	15 707 351
column (A) must equal line 19; column (B) must equal line 21))Ce	1			13,119,311.		13,101,331
column (A) must equal line 19; column (B) must equal line 21)	alaı						
column (A) must equal line 19; column (B) must equal line 21)	d B		Permanently restricted	han be an annual of		03	
column (A) must equal line 19; column (B) must equal line 21)	ڄ	Orga		nere and complete lines			
column (A) must equal line 19; column (B) must equal line 21)	or F			1		70	•
column (A) must equal line 19; column (B) must equal line 21)	ste	1					
column (A) must equal line 19; column (B) must equal line 21)	SSE					 	
column (A) must equal line 19; column (B) must equal line 21)	et A	ŀ			 		
Column (7) mast equal mile 10, 400 m as 1 m as 20 m as 20 m as 1 m as 20 m as	ž	/3			15.719.511.	73	15,707,351
		74			15,719,511.	74	15,707,351

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Рапи	a	

Form 990 (2001) IN THE TOWN OF	IPSWICH	[0011	
Part IV-A Reconciliation of Revenue per Au Financial Statements with Revenue Return	dited ue per			ai Statements	With	Expen	ses per
a Total revenue gains and other support	N/A	a	Total expenses and lo	sses per			NI/A
	N/A	b	Return Total expenses and lo audited financial state Amounts included on line 17, Form 990:	line a but not on		3	N/A
b Amounts included on line a but not on line 12, Form 990:		(1)	Donated services		- 1		
(1) Net unrealized gains		•	and use of facilities _				
on investments\$		(2)	Prior year adjustment	ts			
(2) Donated services and use of facilities \$			reported on line 20, Form 990	c			
(3) Recoveries of prior			Losses reported on				
year grants\$		(-,	line 20, Form 990	.\$			
(4) Other (specify):		(4)	Other (specify):				
ss		_		\$			
Add amounts on lines (1) through (4)		_	Add amounts on lines Line a minus line b	s (1) through (4)	····· ₹∤	<u>b</u>	
c Line a minus line b b c d Amounts included on line 12, Form			Amounts included on			<u> </u>	
990 but not on line a:			990 but not on line a	:			
(1) Investment expenses			investment expenses not included on				
not included an line 6b, Form 990 \$			line 6b, Form 990	2			
(2) Other (specify):			Other (specify):				
		_		\$			
Add amounts on lines (1) and (2) d			Add amounts on lines	; (1) and (2)	▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) e	į	е	Total expenses per lin (line c plus line d)	18 17, POM 990		l l	
Part V List of Officers, Directors, Trustees,	and Key En	npic	vees (List each on	e even if not comper	nsated.)	EJ	
	(B) Tit	le and average hours	(C) Compensation	(D) Contri	ibutions to	(E) Expense
(A) Name and address		pei Per	le and average hours week devoted to position	(if not paid, enter	plans & compe	deferred insation	account and other allowances
DONALD F. WHISTON		IA.	RYN, TREA	SURER, MAN	AGER		
	- James Donald	2 1	REQUIRED	9,600.		0.	0.
ALEXANDER B C MULHOLLAND, JR			CHAIRMAN			<u> </u>	0.
	A		REQUIRED	0.		0.	0.
JAMES FOLEY	k:	LEI	RK				
	_A	S	REQUIRED	0.		0.	0.
· · · · · · · · · · · · · · · · · · ·							• • •
							li
							l
							
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					<u></u>		
				1			
			-				
75 Did any officer, director, trustee, or key employee receive aggreg.	ate compensation	of m	ore than \$100,000 fro	m your <u>orga</u> nization		lated	
organizations, of which more than \$10,000 was provided by the	related organizatlo	ns?	lf "Yes," attach schedu	ie. 🕨 💹 Yes	X No		Form 990 (2001)

Form	990 (2001) IN THE TOWN OF IPSWICH 04-6001	191		Page 5
Pa	TVI Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
,7	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	2007007000	X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		77
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	********	X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			X
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	********	^
þ	If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.			
81 a	Effet direct of indirect pointed experiences. See line of instituctions	81b		X
b	Did the organization file Form 1120-POL for this year?	810		- 1
82 a		82a		х
_	fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
0	expense in Part II. (See instructions in Part III.)			
00 -	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	88022000	X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X
	Did the organization solicit any contributions or gifts that were not tax deductible?	843		X
84 a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
U	tax deductible?	84b	*******	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
U	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	003	*****	
	owed for the prior year.			
٦ 2	Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures 85c N/A N/A			
d	Aggregate nondeductible amount of section 6033(e)(1)(A) dues nuiss 85e N/A	1		
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		
, q	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85q	10000000000	,
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	-004		
"	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
	Gross receipts, included on line 12, for public use of club facilities	1		
B7	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	1		
-	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	T****		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		X
89 a	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	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 become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction N/A	895		
ε	and the contract of the contra			
	sections 4912, 4955, and 4958		N/A	
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
90 a	List the states with which a copy of this return is filed MASSACHUSETTS			
þ	Number of employees employed in the pay period that includes March 12, 2001			0
91	The books are in care of ► DONALD F. WHISTON Telephone no. ►			
			_	
	Located at ► 31 MARKET STREET, IPSWICH, MA ZIP+4 ► C	193	8	
				 1
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		ູ►∟	
12304	and enter the amount of tax-exempt interest received or accrued during the tax year	N/		
,,,,,,,,	· <u>.</u>	FOR	n 990 i	(2007)

Form 990		THE TOWN O					-6001191 Page 6
Part V	II Analysis of Income	-Producing A	ctivities	(See Specific Instruction	ns on page	32.)	
Note: En	ter gross amounts unless othe	rwise		ited business income		ded by section 512, 513, or 514	(E)
indicated	d.		(A) Business	(B)	(C) Exetu-	(D) Amount	Related or exempt
93 Prog	ram service revenue:		code	Amount	sion code	Amount	function income
a							
		Į.					
8							
f Medi	care/Medicaid payments						
	and contracts from government ag						
-	bership dues and assessments						
	est on savings and temporary	Γ					
	investments						
96 Divid	ends and interest from securities						
97 Net re	ental income or (loss) from real es	tate:					
	financed property	-					
	ebt-financed property						695,799.
	ental income or (loss) from person						
	r investment income						11,449.
	or (loss) from sales of assets						
	than inventory						
	ncome or (loss) from special event						
	s profit or (loss) from sales of inve						
103 Other	, ,						<u> </u>
_					i		
. —							
		1			_		
ď —							
			ASSET LONG	Some Present of	7		
104 Subtr	otal (add columns (B), (D), and (E)	1			0.	0.	707,248.
105 Total	(add line 104, columns (B), (D), a	nd (E))	Grand.	ans.		>	
Note: Line	105 plus line 1d, Part I, shoul	ld equal the amou	nt on line 1	2. Part I.	•••••		
Part VI	Relationship of Act	ivities to the A	Accomp	lishment of Exer	npt Pur	poses (See Specific Instr	uctions on page 32.)
Line No.	Explain how each activity for wh	•					
▼	exempt purposes (other than by					•	

Part IX	Information Regard	ing Taxable S	ubsidia	ries and Disrega	rded Er	ntities (See Specific Instru	ctions on page 33.)
Name	(A)	(B)		(C) Nature of activities		(D) Total income	(E) End-of-year
	iddress, and EIN of corporation, nership, or disregarded entity	Percentage of ownership interest	į	Mathia of activities		1 Otal Income	assets
		%					
	N/A	9/]		
		%					
		9/					
Part X	Information Regard	ing Transfers	Associa	ted with Person	ial Bene	efit Contracts (See Sp	ecific Instructions on page 33.
	the organization, during the year, r						Yes X No
	the organization, during the year, p						Yes X No
	"Yes" to (b), file Form 8870 an	d Form 4720 (see	instruction	ns).			
	Under penalties of perjury, I declare the correct, and complete. Declaration of p	at I have examined this	raturn, Includi	no accompanying schedules	and stateme	nts, and to the best of my knowled	ige and belief, It is true,
Please	Consect, and Complete. Declaration of p	Stabalar focus, man outc	en) is based of	an intolliegon of which pre	ipara nasanj	, kilowioogo,	
Sign							
Here	Signature of officer	····		Date	Type or p	rint name and title	
	Preparer's	· · · · · · · · · · · · · · · · · · ·			Date	Check if	Prepared's SSN or PTIN
Paid	signature			l:	10/15	/02 self- employed ► X	
Preparers	Firm's name (or DAN CT	ASBY & CC	MPANY				339 <i>5</i> 132
Use Only	I Aoruz II	MMINGS CE			С		-
123161 01-02-02		Y MA 0191				Phone no. ▶ 9	78-922-9900

FORM 990		RENTAL INCOME		STATEMENT 1	
KIND AND LOCATION C	F PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME	
LAND LITTLE NECK PL	US ASSESSMENT	rs	1	695,799.	
TOTAL TO FORM 990,	PART I, LINE	6A		695,799.	
FORM 990	CASH GRA	ANTS AND ALLOCATION	ons	STATEMENT 2	
CLASSIFICATION DON	EE'S NAME	DONEE'S ADDRES	DONEE'S RELATIONS	SHIP AMOUNT	
EDUCATIONAL TOW	N OF IPSWICH		NONE	282,970.	
TOTAL INCLUDED ON F	ORM 990, PART	r II, LINE 22		282,970.	
FORM 990	Ol	THER INVESTMENTS		STATEMENT 3	
L_SCRIPTION		COPY	VALUATION METHOD	AMOUNT	
RESERVE FOR CAPITAL IMPROVMENTS RESERVE FOR EROSION ACCOUNT RESERVE FOR TITLE 5			COST COST	253,210. 9,748. 7,068.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			270,026.		

Financial Statements

June 30, 2002

Table of Contents

		<u>Page</u>
Independent Auc	litors' Report	1
	tement of assets, liabilities, and net assets - n basis as of June 30, 2002	2
	tement of activities - cash basis the year ended June 30, 2002	3
Notes to financia	ll statements	4

DAN CLASBY & COMPANY

Certified Public Accountants

-1-

INDEPENDENT AUDITORS' REPORT

To the Board of Managers Feoffees of the Grammar School Ipswich, Massachusetts

We have audited the statements of assets, liabilities, and net assets - cash basis of **Feoffees of the Grammar School** (a non-profit organization) as of June 30, 2002, and the related statement of activities - cash basis for the year then ended. These financial statements are the responsibility of the Trust's managers. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Trust's managers, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note 1, these financial statements were prepared on the cash basis of accounting and are not intended to be presented in conformity with generally accepted accounting principles.

In addition, generally accepted accounting principles require that land be stated at cost. The Organization has stated its land at its assessed value and that, if generally accepted accounting principles had been followed, the land account and the net assets would have been decreased by \$15,419,900.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of **Feoffees of the Grammar School** as of June 30, 2002, and its activities for the year then ended, on the basis of accounting described in Note 1.

September 24, 2002

San Clasby a Company

Statement of Assets, Liabilities, and Net Assets - Cash Basis

As of June 30, 2002

Assets

Cash - operating	\$	17,425
Cash – savings		270,026
Land and buildings at assessed value	<u>15</u>	,419,900
Total Assets	\$ <u>15</u>	<u>,707,351</u>
Liabilities and Net Assets		
Liabilities	\$	
Total liabilities		<u>-</u>
Net assets: Unrestricted	<u>15</u>	,707,351
Total Liabilities and Net Assets	\$ <u>15</u>	,707,351

Statement of Activities - Cash Basis

For the Year Ended June 30, 2002

Support and Revenue:	
Buildings, home and land collections	\$ 334,043
Rents	361,756
Interest	11,449
Interest	
Total support and revenue	707,248
Expenses:	
Real estate taxes	334,043
Gift to town	282,970
Water and road repairs	52,384
Salaries	9,600
Legal	8,811
Maintenance	7,266
Landscaping	6,475
Police	6,104
Insurance	5,095
Consulting and engineering fees	3,962
Docks and floats	1,400
Office expense	822
Telephone	316
Meetings	160
Total expenses	<u>719,408</u>
Change in net assets	(12,160)
Net assets, beginning of year	<u>15,719,511</u>
Net assets, end of year	\$ <u>15,707,351</u>

See Independent Auditors' Report.

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements

(1) Summary of significant accounting policies

(a) Nature of organization

Feoffees of the Grammar School (the "Trust") was established by the Town of Ipswich (the "Town") by a vote of Town Meeting on November 14, 1650. The vote established a four-member committee to hold land granted by the Town for the support of a "grammar school". The Trust came into possession of the real property currently held in 1660 through the bequest of William Paine, an original member of the 1650 committee.

The real property consists of a parcel of land of approximately thirty five (35) acres in Ipswich, Massachusetts. On this land are situated one hundred sixty seven (167) cottages, of which one hundred forty three (143) are seasonal and twenty four (24) are year round. The seasonal cottages may only be occupied between April 1 and November 30 each year. The Trust is assessed and pays to the Town the real estate taxes on the land and on such structures owned by the Trust (a community center and a wharf); in addition they collect for the Town and remit to the Town the real estate taxes assessed on the cottages.

Because the Trust designates its net earnings to be for the benefit of the children of the Ipswich Public Schools, with no benefits accruing to its trustees, it has considered itself to be a tax-exempt organization. However until 1997 no federal or state tax returns were filed by the Trust, as it was the position of the Trust that it was a "quasi-public trust" and therefore was not technically required to file the tax returns.

The Trust is supported primarily through rent collections.

(b) Financial statement presentation

The Trust has adopted Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations". Under SFAS No. 117, the Trust is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

The financial statements of the Trust are prepared on the cash basis of accounting. The cash basis of accounting used by Feoffees of the Grammar School recognizes income and the related assets when received rather than when earned and recognizes expenses when paid rather than when the obligation is incurred.

(c) Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.