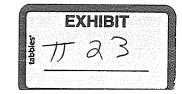
FORM PC Page 1

Massachusetts Office of the Attorney General Division of Public Charities

FORM PC

	ion-promi chamable or	ganizations conducting business in the Commo	nwealth
Report for the Fiscal Period: Beg	ginning <u>07 / 0</u>	<u>11 / 03</u> Ending <u>06 / 30 / 0</u>	4
Check all items attached: Form PC X Schr Probate Account Copy of IRS Return X			
Attorney General's Acct. No:		Federal ID Number: 04-6001191	
When did the organization first engage in charita	ble work in Massachu	setts? <u>11 / 14 / 1650</u>	
Has the organization applied for or been granted	IRS tax exempt statu	s? Yes NoX	
If yes, Date of Application:	OR Date of Deterr	nination Letter://	
IRS Exemption under 501(c): []		Check box if No IRS Exemption [X]	
If exempt under 501(c), are contributions to the o	organizaticî tax de luc	tib e ರಾಣಗಾಗಿ e contributions? Yes	NoN/A
	ted to	<i>y</i> 1 1	
en alternative om til flytter i den de getalen i medigen til herde etternative av etter at helde etterpeateke Til	artis e en le la tradation de la capación de la cap	opperation to be state of the Best of the Best State (Best Company of State Company of State Company of State S The Best State Company of State Company of State State Company of State State State State State State State St	ange hadige blagger, gjøret hen hadi gene hiteratetet som en hadi en en en betyde for en en en betyde en nive
	ORGANI	ZATION DATA	
Name: FEOFFEES OF THE GRAMMAR		ing ang saga saga saga saga saga saga sag	
Name: FEOFFEES OF THE GRAMMAR Mailing Address: P.O. BOX 709, 2 DEPOT	SCHOOL IN THE	ing ang saga saga saga saga saga saga sag	
	SCHOOL IN THE	ing ang saga saga saga saga saga saga sag	zip: 01938
Mailing Address: P.O. BOX 709, 2 DEPOT	SCHOOL IN THE	TOWN OF IPSWICH	zip: 01938
Mailing Address: P.O. BOX 709, 2 DEPOT City: IPSWICH	SCHOOL IN THE	TOWN OF IPSWICH State: MA	zip: 01938
Mailing Address: P.O. BOX 709, 2 DEPOT City: IPSWICH Phone: (978) 356-1040	SCHOOL IN THE SQUARE te codes from the co	TOWN OF IPSWICH State: MA Fax: (978) 356-1042 Web Site (ULR): http://www.	3:
Mailing Address: P.O. BOX 709, 2 DEPOT City: IPSWICH Phone: (978) 356-1040 E-Mail: N/A In the section below, please enter the appropriat	SCHOOL IN THE SQUARE te codes from the co Code Enter	TOWN OF IPSWICH State: MA Fax: (978) 356-1042 Web Site (ULR): http://www.	3:
Mailing Address: P.O. BOX 709, 2 DEPOT City: IPSWICH Phone: (978) 356-1040 E-Mail: N/A In the section below, please enter the appropriat Category	SCHOOL IN THE SQUARE te codes from the co Code Enter 5 Organ	TOWN OF IPSWICH State: MA Fax: (978) 356-1042 Web Site (ULR): http://www.	3: n's main purpose(s) Code



FORM PC

Pag	e	2

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.

On what date was the organization	n created? 2. Where was the organization created?
NOVEMBER 14, 1650	IPSWICH, MASSACHUSETTS
	2. What is the form of the organization?
Corporation	What is the form of the organization? Testamentary trust
Corporation Unincorporated association	

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")?
Yes _____ No __X __ If yes, please complete the Schedule RO on pages 10 and 11.

Α	Contributions, gifts, grants, and similar amounts received	\$	
В	Gross Support and Revenue	\$	263,122
С	Program services and similar amounts paid out	<i></i> \$	308,545
D	Fundraising expenses	\$	
E	Management arid general expenses	\$	36,293
F	Payments to affiliates	\$	
G	Total Expenses	\$	344,838
Η	Net assets or fund balances at the end of the year	\$	15,687,902

6. List the total compensation you provided to your five highest paid employees.

	Name	Title	Hours Per Week	Salary & Other Income	Benefit Plans	Other Compensation
1	DONALD F. WHISTON	MANAGER	AS NEEDED	9,600		0
2						
3						
4						
5						

 Was any compensation provided to any other individuals listed in 6 above which was not quantified in your response to 6? 				
	Yes NoX If yes, please provide explanation			

						ŗ	
FOF	RM PC					L	
8.	Liet the name amount of a	fessional service	es (e.g., attorneys	e of services rendered by eac , architects, accountants, ma bunsel.)	ch of th anager	he organization's ment companies,	FIVE highest paid investment
	Name			Amount of Compensation			of Service(s)
1	DAN CLASBY & CO					AUDIT, ACCO	UNTING
2	DONALD GREENOUGI	H, ATTY		9	9,735	LEGAL	
3							WHAT ARAD
4							
5							
9.	Bank(s) in which the organ	nization's funds	are deposited (inc	lude bank address and phor	ne nun	nber):	
0.	Sam(o) in times are organ		,	·		·	
949	Bank		. Ac	Idress		Phone Num	ber
FIRS	ST NATIONAL BANK OF	IPSWICH	31 MARKET S	T, IPSWICH, MA			
10.	What is the organization's	accounting met	hod: Cash X	Accrual Other (s	pecify	·)	
						B1 / A	
11.	If organization's mailing a	ddress is a P.O.	Box Number list	thc o janizati្ខែn's full street	addres	ss: N/A	
O.A.	Street Address			City, State			Zip
2 DE	EPOT SQUARE			IPSWICH, MA			01938
			A A A A A A A A A A A A A A A A A A A	·			
12.	Name address and telepho	one number of C	ontact Person:				
N. A	Name	Str	eet Address	City, St	ate, Zi	p	Telephone Number
DOI	NALD WHISTON	31 MARI	KET STREET	IPSWICH, MA 019	38		
		1.000					
13.	During the fiscal year repo its behalf?	orted here, did y	our organization s	olicit contributions or have f	unds	solicited on Yes	No <u>X</u>
14.	At any time during the fisc its behalf, have solicited o		g the year reporte	d here, will your organizatior	ı, or ol	thers acting on Yes	NoX
IF Y	OU ANSWERED "YES" AND/OR A-2 UNL	IN RESPONS ESS YOU ARE	E TO QUESTIO E EXEMPT FRO	N 13 OR 14, YOU MUST M THE SOLICITATION O	CON	IPLETE SCHEI IFICATE REQU	DULES A-1 JIREMENT.
15.	If you are claiming an exe right to identify which exe			cate requirement, please ind on.	icate l	by placing an "X"	in the box to the

a religious organization

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

FORM	PC
Page 4	

16.	Name	s, addresses (street & P.O.) and telephone numbers of other offices/chapters/branche	s/affiliates	(attach list)	. N/A	
17.	List ti orgar	ne names, titles and addresses (street & P.O.) of officers, directors, trustees, and the prization (attach separate sheet). SEE ATTACHED	rincipal sa	laried execu	tives of	
18.	Attac	h separate sheet listing names and addresses (street & P.O.) for all below: SEE ATT.	ACHED			
	Indivi Indivi Indivi	dual(s) responsible for custody of funds dual(s) responsible for distribution of funds dual(s) responsible for fund raising dual(s) responsible for custody of financial records dual(s) authorized to sign checks				
19.		his organization or any of its officers, directors, employees or fund raisers solicited fur state?	nds in any	Yes	No _	X
	other	attach list of states where solicitation was conducted, including registering agency, dates of r names under which the organization was/is registered, and the dates and type (mail, telephor ation conducted.	registration ne, door to	ı, registration door, special	numbers events,	, any etc) of the
20.		his organization or any of its officers, directors, employees: es, please attach an explanation				
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?		Yes	No _	_X
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?		Yes	No _	Χ
	(c)	Been the subject of a proceeding regarding any solic ation or constration? Entered into a voluntary agreement of compliance or consent judgment with any		Yes	No _	X
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?		Yes	No _	_X
21.		any restrictions been removed during the year from donor-restricted funds? please attach an explanation		Yes	No _	_X
22.		donor-restricted funds been loaned to unrestricted funds? please attach an explanation		Yes	No _	X
23.	Partie	question involves "Termination of Employment or Change of Control Compensatory Ar ss" (see instructions and definition sections). Report only if payments made or promise nonths salary or \$100,000, whichever dollar amount is less.	rangemen ed to any i	its" with cert ndividual are	ain 'Rela e in exce	ated ss of
	a)	Did you make 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?	Yes	No_	X	
	(b)	Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement?	Yes	No _	Х	

If you answered "yes" for Question 23(a) or 23(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 each agreement

FORM PC Page 5

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, 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 transitions 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 24 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

Durii	ng the year, has your organization:	Yes	No
(a)	Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		Х
(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?		Χ
(j)	Was the organization a party to any transaction in whomeny of concern circums or trustees has a material financial interest, or did any officer, director or trust e receive ac/thill of value not reported as compensation?		Х
(k)	Has the organization invested in any corporate stock in which any officer, director, or trustee owns more than 10% of the outstanding shares?		X
(1)	is any property of the organization held in the name of or commingled with the property of any other person or organization?		Х
(m)	Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees has a relationship?		Х

Jnder penalty of perjury, I declare that the info Knowledge.	mation furnished in this report, including all attachn	nents, is true and correct to the best of my
Signature of president or other authorized off	icer or trustee Title	
DAN	CLASBY & COMPANY Name of Preparer	
<u>. 100 t</u>	CUMMINGS CENTER #238C, BEVERLY, I	<u>MA 01915</u>
<u>. (978</u>	r) 922-9900 Phone Number	

FEOFFEES OF THE GRAMMAR SCHOOL IN THE TOWN OF IPSWICH FORM PC ATTACHMENTS

FED ID# 04-6001191

FYE 6/30/04

QUESTION 17:

Donald F. Whiston

Alexander B C Mulholland Jr.

James Foley

Chairman, Treasurer, Manager

Vice Chairman

Clerk

QUESTION 18:

Donald F. Whiston

31 Market Street Ipswich, MA 01938 Chairman, Treasurer, Manager



Department of the Treasury

Internal Revenue Service

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)

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

OMB No. 1545-0047 Inspection

A F	or the 20	03 calendar year, or tax year beginning JUL 1, 2003	and er	nding JUN 30,	2004	
	Check if applicable:	Please C Name of organization		D	Employer i	dentification number
_ a		Use IRS FEOFFEES OF THE GRAMMER SCHOOL			04 6	201101
Ļ	Address _change _Name	print or IN THE TOWN OF IPSWICH				001191
<u> </u>	change	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E		number 356-1040
<u>_</u>	return	Specific 2 DEPOT SQUARE, P.O.BOX 709				hod: X Cash Accrual
<u> </u>	Final return Amended	City or town, state or country, and ZIP + 4 IPSWICH, MA 01938		[Other (specify)	
<u></u>	⊥return ∏Applicatio		sts	Hand Lare not applic		tion 527 organizations.
	ipending	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group retu		
G 1	Website:			H(b) If "Yes," enter num		
		on type (check only one) ► 501(c) () < (insert no.) 4947(a)(1) or	527	H(c) Are all affiliates inc	luded? 1	N/A Yes No
		if the organization's gross receipts are normally not more than \$25,000.	The	(If "No," attach a lis H(d) Is this a separate r	t.) eturn filed h	v an or-
C	organizatio	on need not file a return with the IRS; but if the organization received a Form 990 Pag	ckage	ganization covered	by a group	ruling? Yes X No
i	n the mail,	, it should file a return without financial data. Some states require a complete retur	n.	I Group Exemption		
			_			tion is not required to attach
L G	Gross rece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12 \triangleright 976, 40		Sch. B (Form 990,	990-EZ, or	990-PF).
Pa		Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	I.a. T	
		Contributions, gifts, grants, and similar amounts received:	1 . 1	1		
	1	Direct public support				
	1	Indirect public support			-	
		Government contributions (grants))	1d	0.
	d	Total (add lines 1a through 1c) (cash \$ noncash \$ Program service revenue including government fees and contracts (from Part VII, lir			2	
	4	Interest on savings and temporary cash investments	ß		4	
	5	Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities	Ø		5	
	6 a	Gross rents SEE STATEMENT 1	6a	968,61	8.	
	b !	Less: rental expenses SEE STATEMENT 2	6b	713,28	3.	
	c I	Net rental income or (loss) (subtract line 6b from line 6a)			6c	255,335.
ø		Other investment income (describe $ ightharpoonup$ INTEREST ON SAVINGS	3) 7	7,787.
Revenue	8 a	Gross amount from sales of assets other (A) Securities		(B) Other		
ev.	1	than inventory	8a			
ш.	1	Less; cost or other basis and sales expenses	8b			
		Gain or (loss) (attach schedule)	8c			
		Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, checl			8d	
	3	Gross revenue (not including \$	Kilele §			
		reported on line 1a)	9a			
		Less: direct expenses other than fundraising expenses				
	1	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	i	Gross sales of inventory, less returns and allowances	10a		14/67	
	b	Less: cost of goods sold	10b			
	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro	om line	10a)	10c	
		Other revenue (from Part VII, line 103)				0.60 100
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				263,122.
S		Program services (from line 44, column (B))				308,545.
Expenses	1	Management and general (from line 44, column (C))			1 . 1	36,293.
xbe	1	Fundraising (from line 44, column (D))			1	
ú	1	Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A))			··· + +	344,838.
		Excess or (deficit) for the year (subtract line 17 from line 12)				<81,716·>
t Sts	19	Net assets or fund balances at beginning of year (from line 73, column (A))				15,769,618.
Net \ssets	20	Other changes in net assets or fund balances (attach explanation)				0.
∢		Net assets or fund balances at end of year (combine lines 18, 19, and 20)				15,687,902.
3230 12-1		HA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2003)

FEOFFEES OF THE GRAMMER SCHOOL IN THE TOWN OF IPSWICH

04-6001191

Part II Statement of All or and (ganizat	ions must complete column	(A). Columns (B), (C), ar	nd (D) are required for sectio He trusts but optional for oth	n 501(c)(3) Page 2
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	4) 01 ga	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$308,545 noncash \$	22	308,545.	308,545.	STATEMENT 3	
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				
27 Pension plan contributions					
28 Other employee benefits					
29 Payroll taxes					
30 Professional fundraising fees		2,100.		2,100.	
31 Accounting fees	1	17,243.		17,243.	
32 Legal fees	-	11,210		17,215.	
33 Supplies					
34 Telephone	-				
36 Occupancy	1-1				
37 Equipment rental and maintenance					
38 Printing and publications					
39 Travel	1				
40 Conferences, conventions, and meetings					
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	6,244.		6,244.	
bSTATE FEES	43b	125.		125.	
c MEETINGS	43c	331.		331.	
d CONSULTANTS	43d	<u> </u>	<u> </u>	650.	
e	43e				
Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15		344,838.	308,545.	36,293.	0.
Joint Costs. Check ▶ ☐ if you are following SOP 9	8-2.				¬., चि.,
Are any joint costs from a combined educational campa	ign and	fundraising solicitation repo	orted in (B) Program serv	/ices'?	Yes _A_ No
If "Yes," enter (i) the aggregate amount of these joint co		; (II) the amount allocated to	o Program services \$,
(iii) the amount allocated to Management and general S Part III Statement of Program Servi			 the amount allocated t 	o Fundraising \$	•
	_	CCOmplianmenta			
What is the organization's primary exempt purpose? ► TO GRANT CASH GIFTS TO TI		POWN OF TRANT	CH PUBLIC S	SCHOOLS	Program Service
All organizations must describe their exempt purpose achievemen	its in a c	lear and concise manner. State th	e number of clients served, p	ublications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable. (Section 501(c)(3) and (4) c allocations to others.)	rganizat	ons and 4947(a)(1) nonexempt ch	aritable trusts must also ente	r the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a GIFT TO SCHOOL, TRANSF	ER :	TO TOWN OF IP	SWICH SCHOO	L ACCOUNT	
		(Gr	ants and allocations \$)	
b					
				* - 1 - 1 - 1 - 1	
		(Gr	ants and allocations \$)	
С					
		(Gr	ants and allocations \$)	
d		· · · · · · · · · · · · · · · · · · ·		M	
		/0-	ante and allocations of	1	
Other program convince (attach cohodule)			ants and allocations \$ ants and allocations \$)	
e Other program services (attach schedule) f Total of Program Service Expenses (should equal	line 4/	1 .) 	0.
323011 12-17-03		, (-), / Og/an, ool (1)			Form 990 (2003)

Note		re required, attached schedules and amoun ild be for end-of-year amounts only.	nts within the	description column	(A) Beginning of year		(B) End of year
turnivirus vi	45 46	Cash - non-interest-bearing Savings and temporary cash investments			31,644.	45 46	6,736.
			1 1				
	1	Accounts receivable				47c	
			(E.) 5 - - -				
		Pledges receivable Less: allowance for doubtful accounts				48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,					
S		and key employees	1 1			50	
Assets		Other notes and loans receivable					
As	1	Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use				52 53	
	53	Prepaid expenses and deferred charges				54	
	54	Investments - securities		COSI LITINO		555 (Av.)	
	оо а	Investments - land, buildings, and equipment: basis	550				
		equipment basis					
	h	Less: accumulated depreciation	55b			55c	
	56	Investments - other		TATEMENT 4	318,074.	56	261,266.
	ı	Land, buildings, and equipment: basis		15,419,900.			
	1	Less: accumulated depreciation			15,419,900.	57c	15,419,900.
	58	Other assets (describe	Prove to			58	
	59	Total assets (add lines 45 through 58) (must e			15,769,618.	59	15,687,902.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable		1	diam.	61	
Ś	62	Deferred revenue				62	
Liabilities	63	Loans from officers, directors, trustees, and key				63 64a	
abi	3	a Tax-exempt bond liabilities		1		64b	
Ξ	65	o Mortgages and other notes payable				65	
	00	Other habilities (describe		/			
	66	Total liabilities (add lines 60 through 65)			0.	66	0.
	Orgai	nizations that follow SFAS 117, check here 🕨	X and co	mplete lines 67 through			
υ		69 and lines 73 and 74.			1		15 (40 010
JCe	67	Unrestricted			15,719,618.	67	15,643,819. 50,000.
alaı	68	Temporarily restricted			50,000.	68	50,000.
d B	69	Permanently restricted				69	
'n	Orga	rganizations that do not follow SFAS 117, check here ▶ □ and complete lines					
<u>p</u>	70	70 through 74. Capital stock, trust principal, or current funds				70	
ets	70	Paid-in or capital surplus, or land, building, and				71	
Net Assets or Fund Balances	71	Retained earnings, endowment, accumulated in		F		72	
let /	73	Total net assets or fund balances (add lines 6'		F		9933.3	
4	"	column (A) must equal line 19; column (B) mu			15,769,618.	73	15,693,819.
	74	Total liabilities and net assets / fund balance			15,769,618.		15,693,819.

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.

IN THE TOWN OF IPSWICH 04 - 6001191Form 990 (2003) Part IV-A Part IV-B Reconciliation of Expenses per Audited Reconciliation of Revenue per Audited Financial Statements with Expenses per Financial Statements with Revenue per Return Return Total expenses and losses per Total revenue, gains, and other support N/A N/A audited financial statements per audited financial statements Amounts included on line a but not on Amounts included on line a but not on line 17, Form 990: line 12, Form 990: Donated services and use of facilities ... \$ (1) Net unrealized gains (2) Prior year adjustments on investments reported on line 20, (2) Donated services Form 990 and use of facilities (3) Recoveries of prior (3) Losses reported on line 20, Form 990 year grants (4) Other (specify): (4) Other (specify): Add amounts on lines (1) through (4) Add amounts on lines (1) through (4) Line a minus line b Line a minus line b C Amounts included on line 17, Form Amounts included on line 12, Form 990 but not on line a: 990 but not on line a: (1) Investment expenses (1) Investment expenses not included on not included on line 6b, Form 990 line 6b, Form 990 (2) Other (specify): (2) Other (specify): Add amounts on lines (1) and (2) d Add amounts on lines (1) and (2) Total expenses per line 17, Form 990 Total revenue per line 12, Form 990 (line c plus line d) (line c plus line d) List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.) (C) Compensation (If not paid, enter -0-.) (D) Contributions to employee benefit plans & deferred compensation (B) Title and average hours (E) Expense ner week devoted to account and other allowances (A) Name and address , NAL RIAE D TREASURER, MGR 0. AS REQUIRED 9,600. 0. VICE CHAIRMAN ALEXANDER B MULHOLLAND 0 0 0. AS REQUIRED JAMES FOLEY CLERKAS REQUIRED 0 0 0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related

	FEOFFEES OF THE GRAMMER SCHOOL	4 0 4		
	990 (2003) IN THE TOWN OF IPSWICH 04-6001			Page 5
Pa	rt VI Other Information		Yes	1
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
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.	200	13.77.1 13.77.1	Trans.
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement	2000		
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,		94745. 727555	
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization	20.200		
ŭ	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
	Did the organization file Form 1120-POL for this year?	81b	edit send hit in the	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			<u> </u>
02 a	and the second s	82a		X
ь.	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		ANALY.	Maria
IJ	1 1 NT/M			S.A.
	expense in Part II. (See instructions in Part III.)	83a	#BULLDA	Х
		83b		X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			X
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	silvelia	A solution
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			2572574
	tax deductible?	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		ļ
b		85b		4.1.1941.0
	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			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures 85c N/A N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) due notice 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	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	10000		100
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	1		9557E
	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
Ü				
00	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	12000	AMULT.	255-3
88				
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			X
	If "Yes," complete Part IX	88	1450 C F J	<u>^</u>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	76		
	section 4911 \triangleright N/A; section 4912 \triangleright N/A; section 4955 \triangleright N/A	170917	MARK	EXECUTE:
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			Ī
	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	89b		<u> </u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		N/A	
d]	N/A	1
90 a	List the states with which a copy of this return is filed MASSACHUSETTS			
b	Number of employees employed in the pay period that includes March 12, 2003 90b			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	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here		▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/2	Α̈́	
32304 12-17	and onto the direction of the original property of the original propert			(2003)
12-1/	···			. ,

Page 6

FEOFFEES OF THE GRAMMER SCHOOL IN THE TOWN OF IPSWICH

Part V	II Analysis of Income-Producing					
Note: En	ter gross amounts unless otherwise		ted business income		ed by section 512, 513, or 514	(E)
indicated	d.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Prog	ram service revenue:	code	Amount	sion code	Amount	function income
a						
b						
c		•				
ď		-			***************************************	
e		-		+-+		
	care/Medicaid payments					
	and contracts from government agencies					
	bership dues and assessments					
	est on savings and temporary cash investments $$					
96 Divid	ends and interest from securities					
97 Net r	ental income or (loss) from real estate:	化压缩转换点	PARTE BUILDING			ASSEMBLE SERVICE
a debt-	financed property					
	lebt-financed property					255,335.
	ental income or (loss) from personal property					
	r investment income			14	7,787.	
		·		+		
	or (loss) from sales of assets					
	than inventory				,,	
	ncome or (loss) from special events					
102 Gros	s profit or (loss) from sales of inventory	<u> </u>				
103 Other	r revenue:					
a						
b						
c						
d	,					
e	- Company of the Comp	Provide the same	111111			
	otal (add columns (B), (D), and (E))	A Company		. # William	7,787.	255,335.
105 Tota	I (add line 104, columns (B), (D), and (E))					
	e 105 plus line 1d, Part I, should equal the am					
Dow V	Relationship of Activities to th	e Accomp	lishment of Exem	nt Puri	noses (See page 34 of th	e instructions)
·						
Line No.	Explain how each activity for which income is re			ea importa	intiy to the accomplishment	of the organization's
T	exempt purposes (other than by providing funds				DOLLTON DOD T	STIDT TO GOTTOOT O
97B	NET RENTAL INCOME IS G	RANTED	TO THE TOWN	OF.	LPSWICH FOR E	OBLIC SCHOOLS
Part I	Information Regarding Taxable	e Subsidia	ries and Disregard	ded En	tities (See page 34 of the	instructions.)
1	(A) (B)		(C)		(D) Total income	(E) End-of-year
Name. a		, 1	NI 1 3 6 12 202		77 - 4 - 1 1	
nart	address, and EIN of corporation, Percentage of		Nature of activities		Total income	
part	nership, or disregarded entity Percentage of corporation, ownership interests of corporation, ownership interests of corporation, ownership interests of corporation, ownership interests of corporation, or disregarded entity	rest	Nature of activities		Total income	End-of-year assets
part	nership, or disregarded entity ownership inte	rest %	Nature of activities		Total income	
part	nership, or disregarded entity N/A	rest % %	Nature òf activities		Total income	
part	nership, or disregarded entity ownership inte	rest	Nature òf activities		Total income	
part	nership, or disregarded entity ownership inte	% % % % % % % % % % % % % % % % % % %	Nature of activities			assets
part Part X	nership, or disregarded entity ownership inter	% % % % % % % % % % % % % % % % % % %	Nature of activities	Il Bene		assets ge 34 of the instructions.)
part Part X	nership, or disregarded entity ownership inte	rest % % % % % ers Associa	Nature of activities		fit Contracts (See pa	ge 34 of the instructions.) Yes X No
Part X (a) Did	N/A Information Regarding Transfe	rest % % % % % % ers Associa	Nature of activities ated with Persona irectly, to pay premiums o	n a persor	fit Contracts (See pa	assets ge 34 of the instructions.)
Part X (a) Did (b) Did	N/A Information Regarding Transfe the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b). file Form 8870 and Form 4720 (s)	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly	Nature of activities ated with Persona irectly, to pay premiums o ttly, on a personal benefit o	n a persor contract?	fit Contracts (See par nal benefit contract?	ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If	N/A Information Regarding Transfe the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b). file Form 8870 and Form 4720 (s)	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly	Nature of activities ated with Persona irectly, to pay premiums o ttly, on a personal benefit o	n a persor contract?	fit Contracts (See par nal benefit contract?	ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If	N/A Information Regarding Transfe the organization, during the year, receive any funds the organization, during the year, pay premiums, di	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly	Nature of activities ated with Persona irectly, to pay premiums o ttly, on a personal benefit o	n a persor contract?	fit Contracts (See par nal benefit contract?	ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If Please Sign	Information Regarding Transfer the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b), file Form 8870 and Form 4720 (s) Under penalties of perjury, I declare that I have examined a correct, and complete. Declaration of preparer (other than	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly	Nature of activities ated with Persona irectly, to pay premiums o ttly, on a personal benefit o as). at information of which prepa	n a persor contract? nd statemen rer has any	fit Contracts (See particular for the best of my knowle knowledge.	ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If	Information Regarding Transfer the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b), file Form 8870 and Form 4720 (s) Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than Signature of officer	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly	Nature of activities ated with Persona irectly, to pay premiums o ttly, on a personal benefit of as). ag accompanying schedules ar all information of which prepa	n a persor contract? nd statemen rer has any Type or pr	fit Contracts (See partial benefit contract? ts, and to the best of my knowle knowledge.	assets ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If Please Sign	Information Regarding Transfer the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b), file Form 8870 and Form 4720 (s) Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than Signature of officer	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly	Nature of activities ated with Persona frectly, to pay premiums o titly, on a personal benefit of title, on a personal benefi	n a persor contract? nd statemen rer has any Type or pr ate	fit Contracts (See partial benefit contract? ts, and to the best of my knowle knowledge. int name and title. Check if Self-	ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If Please Sign Here	Information Regarding Transfer the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b), file Form 8870 and Form 4720 (s' Under penalties of perjury, I declare that I have examined a correct, and complete. Declaration of preparer (other than Signature of officer	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly or indirectly or indirectly irectly or indirectly or indirectly or indirectly in seturn, including officer) is based or	Nature of activities ated with Persona irectly, to pay premiums o ttly, on a personal benefit of as). The accompanying schedules are all information of which preparate	n a persor contract? nd statemen rer has any Type or pr ate	fit Contracts (See partial benefit contract? its, and to the best of my knowle knowledge. int name and title. Check if self- employed X	assets ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If Please Sign Here Paid Preparer's	Information Regarding Transfer the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b), file Form 8870 and Form 4720 (s) Under penalties of perjury, I declare that I have examined a correct, and complete. Declaration of preparer (other than signature of officer Preparer's signature Firm's name (or DAN CLASBY &	rest % % % % % % % ers Associa s, directly or ind irectly or indirectly or indirectly or indirectly see instruction this return, includin officer) is based or	Nature of activities ated with Persona irectly, to pay premiums o itly, on a personal benefit o is). g accompanying schedules ar all information of which prepa	n a persor contract? nd statemen rer has any Type or pr ate	fit Contracts (See partial benefit contract? ts, and to the best of my knowle knowledge. int name and title. Check if Self-	assets ge 34 of the instructions.) Yes X No Yes X No
Part X (a) Did (b) Did Note: If Please Sign Here	Information Regarding Transfer the organization, during the year, receive any funds the organization, during the year, receive any funds the organization, during the year, pay premiums, di "Yes" to (b), file Form 8870 and Form 4720 (s' "Yes" to (b), file Form 8870 and Form 4720 (s' "Yes" to (b), File Form 8870 and Form 4720 (s' "Yes" to (b), file Form	rest % % % % % % % srs Associa s, directly or indirectly in indirectly is based or COMPANY CENTER ,	Nature of activities ated with Persona irectly, to pay premiums o itly, on a personal benefit o is). g accompanying schedules ar all information of which prepa	n a persor contract? nd statemen rer has any Type or pr ate	fit Contracts (See partial benefit contract? ts. and to the best of my knowle knowledge. int name and title. Check if Self- employed EIN	assets ge 34 of the instructions.) Yes X No Yes X No

FORM 990	RENTAL INCOME		STATEMENT 1
KIND AND LOCATION OF	PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND AND BLDGS IN LIT	TLE NECK IPSWICH, MA	1	968,618.
TOTAL TO FORM 990, PA	RT I, LINE 6A		968,618.
FORM 990	RENTAL EXPENSES		STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAXES ROAD MAINTENANCE HORTICULTURAL AND LAND MUD SLIDE REBUILD OFFICE EXPENSE POLICE DETAILS CONSULTING PER DEP END TELEPHONE MAINTENANCE & CLEANING ATTERNATIVE WASTEWATE I ERGROUND ELECTRIC DES LAND APPRAISAL SERVICE DOCK REMOVAL & STORAGE BEACH SAMPLING TOTAL TO FORM 990, PAR	FORCEMENT G R PLAN ENGINEERING ES E - SUBTOTAL - 1	493,397. 6,895. 19,951. 12,816. 1,209. 5,945. 9,365. 287. 5,346. 140,051. 9,000. 6,856. 1,500. 665.	713,283.
FORM 990	CASH GRANTS AND ALLOCATION	NS	STATEMENT 3
CLASSIFICATION DONEE	'S NAME DONEE'S ADDRES	DONEE'S RELATIONSH	IP AMOUNT
EDUCATIONAL TOWN	OF IPSWICH	NONE	308,545.

FORM 990 OTHER INVESTMENTS	\$	STATEMENT	4
DESCRIPTION	VALUATION METHOD	AMOUNT	
SAVINGS RESERVE FOR CAPITAL IMPROVEMENTS	COST	261,26	56.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		261,26	56.



Financial Statements

June 30, 2004

Table of Contents

		Page
Independent	Auditors' Report	1
Exhibit A -	Statement of assets, liabilities, and net assets - cash basis as of June 30, 2004	2
Exhibit B -	Statement of activities - cash basis for the year ended June 30, 2004	3
Notes to fina	ancial statements	4

DAN CLASBY & COMPANY

Certified Public Accountants

-1-

INDEPENDENT AUDITORS' REPORT

To the Board of Managers Feoffces 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, 2004, 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, 2004, and its activities for the year then ended, on the basis of accounting described in Note 1.

November 9, 2004

San Clasby a Company

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

As of June 30, 2004

<u>Assets</u>

Cash - operating	\$	6,736
Cash – savings		261,266
Cash – savings - restricted		-
Land and buildings at assessed value	<u>15</u>	.419,900
Total Assets	\$ <u>15</u>	<u>,687,902</u>
Liabilities and Net Assets		
Liabilities	\$	_
Total liabilities	_	<u>-</u>
Net assets: Unrestricted Restricted	15	,637,902 50,000
Total net assets	<u>15</u>	.687,902
Total Liabilities and Net Assets	\$ <u>15</u>	,687,902

See Independent Auditors' Report.

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

Statement of Activities - Cash Basis

For the Year Ended June 30, 2004

	,	Board	
	Undesignated	<u>Designated</u>	Total
Support and Revenue:	<u>Ondoorginates</u>	2005	
Buildings, home and land collections	\$ 475,303	\$ -	\$ 475,303
Rents	493,315	_	493,315
Interest income	7,787	-	7.787
Total support and revenue	976.405		976,405
Expenses:			
Real estate taxes	493,397	314	493,397
Gift to Town of Ipswich Public Schools	308,545	-	308,545
Alternative wastewater plan	140,051		140,051
Horticultural and landscaping services	19,951	-	19,951
Legal	17,243	-	17,243
Mud slide repairs	12,816		12,816
Salaries	9,600	-	9,600
Consulting - DEP enforcement	9,365		9,365
Underground electric engineering services	9,000	-	9,000
Road maintenance	6,895	-	6,895
Land appraisal services	6,856	-	6,856
Insurance	6,244	-	6,244
Police details	5,945	-	5,945
Maintenance and cleaning	5,346	-	5,346
Accounting	2,100	•••	2,100
Dock removal and storage	1,500		1,500
Office expense	1,209	-	1,209
Beach sampling	665	-	665
Consulting-wastewater plan	650	-	650
Meetings	331	-	331
Telephone	287	-	287
State fees	125		125
Total expenses	1,058,121		1,058,121
Change in net assets	(81,716)	-	(81,716)
Net assets, beginning of year	15,719,618	50,000	15,769,618
Net assets, end of year	\$ <u>15,637,902</u>	\$ <u>50,000</u>	\$ <u>15,687,902</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 fourmember 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.