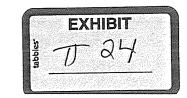
FORM PC Page 1

# Massachusetts Office of the Attorney General Division of Public Charities

#### FORM PC

	I OIN	110		
To be filed annually by all no	n-profit charitable organ	izations conducting busine	ss in the Commonwealt	h
Report for the Fiscal Period: Begi	nning <u>07 / 01</u>	/ 04 Ending <u>0</u>	6 / 30 / 05	
Check all items attached: Form PC X Scher  Probate Account Copy of IRS Return X				
Attorney General's Acct. No:  When did the organization first engage in charitab  Has the organization applied for or been granted I  If yes, Date of Application:	le work in Massachuset RS tax exempt status?	YesNo_X	3 - 10 - 10 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
IRS Exemption under 501(c):	ganization tax deductible		s? Yes No	
	and the second s	TION DATA		
Name: FEOFFEES OF THE GRAMMAR S		WN OF IPSWICH		
Mailing Address: P.O. BOX 709, 2 DEPOT S		ite: MA		zip: 01938
City: IPSWICH  Phone: ( 978 ) 356-1040			56-1042	2ip. 01000
E-Mail: N/A		Web Site (ULR): http://v		
In the section below, please enter the appropriate  Category  County (Table 1)  Type of Organization (Table 2)	Code Enter up  5 Organizat	ponding tables found on to 2 codes from Table 3 fo on Purpose Code 1 on Purpose Code 2		iin purpose(s) Code
Please check box if final return Prior to dissolution			ayment Received ffice Use Only	



#### FORM PC Page 2

All questions	must be completed	l in their entiret	y whether or	r not similar d	questions are	answered
	attached federal for					

On what date was the organization created?	2. Where was the organization created?
NOVEMBER 14, 1650	IPSWICH, MASSACHUSETTS

	3. What is the form of the organization?	
Corporation	Testamentary trust	
Unincorporated association	Inter Vivos trust	
Other (please describe):	VOTE OF TOWN MEETING ON 11/14/1650	

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.

	5. Summary of Financial Data	Amounts
Α	Contributions, gifts, grants, and similar amounts received	\$
В	Gross Support and Revenue	\$ 866,850
С	Program services and similar amounts paid out	\$ 300,000
D	Fundraising expenses	\$
Е	Management and general expenses	\$ 52,413
F	Payments to affiliates	\$
G	Total Expenses	\$ 352,413
Н	Net assets or fund balances at the end of the year	\$ 16,202,339

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	7,056	0	0
2	ALEXANDER MULHOLLAND	CHAIRMAN	AS NEEDED	5,020	0	0
3	JAMES FOLEY	CLEARK	AS NEEDED	5,118	0	0
4	PETER FOOTE	TREASURER	AS NEEDED	5,020	0	0
5						

7.	was any compe	ensatioi	n providec	i to any other individuals ils	ted in 6 above wni	ch was not quant	mea in your res	sponse to 67
	Yes	No	Χ	If yes, please provide explan	nation			

FOF	RM PC						
8.	List the name, amount of components of components of consultants providing professional solicitors	onal servi-	ces (e.g., attornevs	<ul> <li>architects, accountants,</li> </ul>	each of ti manager	he organization's nent companies,	FIVE highest paid investment
	Name		en a filozofia ed	Amount of Compens	sation	Туре	of Service(s)
1	DAN CLASBY & CO				2,300	AUDIT, ACCO	DUNTING
2	DONALD GREENOUGH, A	TTY			2,423	LEGAL	
3	RJV CONSTRUCTION			1,	563,945	SEWER UPG	RADE
4	LOMBARDO ASSOCIATES				977,228	SEWER UPG	RADE
5	RICCI CONCRETE				354,315	ELECTRICAL	
9.	Bank(s) in which the organizat	ion's funds		clude bank address and p	hone nun	nber):  Phone Nun	nber
FIRS	ST NATIONAL BANK OF IPS	NICH	31 MARKET S	T, IPSWICH, MA	(80	0) 834-0046	
11.	If organization's mailing addre	ss is a P.O	. Box Number, list	the organization's full str		ss: N/A	Zip
2 DE	EPOT SQUARE		ne i ji ne e e e egi e gji iliha el	IPSWICH, MA		- Dek ( - Wale	01938
12.	Name address and telephone r	- s	treet Address		, State, Zi	p	Telephone Number.
PET	ER FOOTE	401 CO	LONIAL DR	IPSWICH, MA	01938		(978) 356-1040
13.	During the fiscal year reported its behalf?	here, did	your organization s	solicit contributions or ha	ve funds :		NoX
14.	At any time during the fiscal you its behalf, have solicited control		ng the year reporte	d here, will your organiza	tion, or of	thers acting on Yes	No X
IF \	YOU ANSWERED "YES" IN F AND/OR A-2 UNLESS	RESPON: YOU AR	SE TO QUESTIC RE EXEMPT FRO	ON 13 OR 14, YOU MU OM THE SOLICITATIO	ST CON N CERT	IPLETE SCHE IFICATE REQI	DULES A-1 JIREMENT.
15.	If you are claiming an exempti- right to identify which exempti				indicate t	oy 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

<b>FORM</b>	PC
Page 4	

16.	Name	s, addresses (street & P.O.) and telephone numbers of other offices/chapters/branches	/affiliates	(attach	list).	N/A	
17.	List th organ	ne names, titles and addresses (street & P.O.) of officers, directors, trustees, and the pri ization (attach separate sheet). SEE ATTACHED	ncipal sa	laried ex	ecutiv	es of	
18.	Attacl	n separate sheet listing names and addresses (street & P.O.) for all below: SEE ATTA	CHED				
	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.		nis organization or any of its officers, directors, employees or fund raisers solicited fund state?	ds in any	Yes		No_	_X
	other	attach list of states where solicitation was conducted, including registering agency, dates of renames under which the organization was/is registered, and the dates and type (mail, telephone ation conducted.	egistration e, door to	, registrat door, spe	ion nu cial e	ımbers vents,	, any etc) of the
20.		nis 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 solicitation or registration?		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	<del></del>	No _	Χ
22.		donor-restricted funds been loaned to unrestricted funds? please attach an explanation		Yes		No_	_X
23.	Partie	uestion involves "Termination of Employment or Change of Control Compensatory Arras" (see instructions and definition sections). Report only if payments made or promised nonths salary or \$100,000, whichever dollar amount is less.	angemen I to any ii	ts" with ndividual	certai are ii	n 'Rela 1 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	1	10	X	·········
	(b)	Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement?	Yes		1o	X	

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?		X
(f)	Furnished goods, services, or facilities to a related party?		X
(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?		X
(i)	Transferred income or assets to or for use by a related party?		X
(j)	Was the organization a party to any transaction in which any of its officers, directors or trustees has a material financial interest, or did any officer, director or trustee receive anything 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?		Х
(I)	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

ler penalty of perjury, I declare that the information furnished in this wledge.	report, including all attachme	nts, is true and correct	to the best of my	
nature of president or other authorized officer or trustee	Title		Date	
	(1) 문화학자가 하는 그 등에 참 보통 화학자 이 글 그리			
DAN CLASBY & COMP.	ANY			
	me of Preparer			
	ER #238C, BEVERLY, M Address	A 01915		
	Audiess			
(978) 922-9900				
	one Number	- 140 Bab sa		
(李麗) 1985년 1일 1일 전				3.7

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

#### FED ID# 04-6001191

#### FYE 6/30/05

#### Q 17 & 18

Alexander B C Mulholland Jr

Chairman

PO Box 587

Ipswich, MA 01938

James Foley

Clerk

39 River Road Ipswich, Ma 01938

Donald F. Whiston

31 Market Street Ipswich, MA 01938 Manager

Peter Foote

401 Colonial Drive

Ipswich, MA 01938



Treasurer

signs checks

custody of funds & financial records

distribution of funds

no fundraising

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

# FED ID# 04-6001191 FYE 6/30/05

#### Schedule 24(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.

#### Schedule 24(c)

The Organization was indebted to the Chairman of its Board of Managers, Alexander Mulholland, Jr. in the amount of \$964,638 at June 30, 2005. His address is P.O. Box 587, Ipswich, MA 01938. A Board of Managers vote approved this transaction.



Form 990

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 2004

Open to Public Inspection

Dep	artment	t of the Treasury venue Service benefit trust or private foundation)  The organization may have to use a copy of this return to satisfy sta	te reporting requireme	ents.	Inspection
Δ		the 2004 calendar year, or tax year beginning $7/01/04$ , and ending $6/30/0$			
В		if applicable: Please C Name of organization		D Emp	loyer identification no.
Т	_	REOFFEES OF THE GRAMMER SCHOOL T	N	04-	-6001191
<b>-</b>	٦	e change print or THE TOWN OF IPSWICH			phone number
-	7	I return type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	978	3-356-1040
-	7	return See 2 DEPOT SQUARE, P.O.BOX 709			unting method X Cash
$\vdash$	┥	Specifid		Accru	
-	1	instruct TD GLIT GLI		· /\oorg	Carlot (opposity)
L	] Applic	cation pending tions.   TPSWICH MA 01936  Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitate leH and I a	re not applicable to se	ction 527	organizations
		i e e e e e e e e e e e e e e e e e e e	this a group return for		Yes X No
_	\ar. t		Yes," enter number of		
		10.7	all affiliates included		Yes No
J	_				☐ 1es ☐ 140
			"No," att. a list. See in	-	
K		chere   if the organization's gross receipts are normally not more than \$25,008(d) is			
		.94	ganization covered by		ling? Yes No
		ooo i dokago iii die kieli ja one ee e	oup Exemption Nu		
		O C OOTH PRODUCTION OF THE PRO	neck ▶ X if the		
L	Gross		attach Sch. B (For		
_P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	es (See page 1	18 of th	e instructions.)
	1	Contributions, gifts, grants, and similar amounts received:			
	а	Direct public support 1a			
	b	Indirect public support 1b			
	c	Government contributions (grants) 1c		]	
	d	Total (add lines 1a through 1c) (cash\$ noncash \$	)	1d	0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4			4	5,015
	5	Dividends and interest from securities		5	
	6a	Gross rents	1,386,448		
	b	Less: rental expenses See Statement 1 66	524,613		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	861,835
R	7	Other investment income (describe )		7	
е	8a	Gross amount from sales of assets other  (A) Securities	(B) Other		
v e	l oa	then inventory	(B) Other	1	
n		Less: cost or other basis and sales expenses 8b		1	
u e	b			1	
	C	Can of (1000) (attack)		8d	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		l ou	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here			
	a	Gross revenue (not includin\$ of			
	١.	contributions reported on line 1a)			
	b	Less: direct expenses other than fundraising expenses 9b		_	
	С			9c	
	10a				
	b	Less: cost of goods sold 10b			
	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line		10c	· · · · · · · · · · · · · · · · · · ·
	11	Other revenue (from Part VII, line 103)		11	
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	866,850
Ê	13	Program services (from line 44, column (B))		13	300,000
p	14	Management and general (from line 44, column (C))		14	52,413
Expen	15	Fundraising (from line 44, column (D))		15	
s	16	Payments to affiliates (attach schedule)		16	
Š	17	Total expenses (add lines 16 and 44, column (A))	<u> </u>	17	352,413
Α	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	514,437
NS	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	15,687,902
ŧ	20	Other changes in net assets or fund balances (attach explanation)		20	
s		Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	16,202,339
For	Privac	cy Act and Paperwork Reduction Act Notice, see the separate			Form <b>990</b> (2004)
DAA	tructio	711 <del>3</del> 1			

Part II Statement of All organizations	s must c	omplete column (A). Colu	mns (B), (C), and (D) are	required for section 501	c)(3) and (4) organization
Functional Expenses and section 494		nonexempt charitable trus	ts but optional for others.	(See page 22 of the inst	ructions.)
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
ants and allocations (attach schedule) Stmt 2					
(cash\$ 300,000 non-cash \$	) 22	300,000	300,000		
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25	22,214		22,214	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				****
29 Payroll taxes					
30 Professional fundraising fees	30				
31 Accounting fees		2,300		2,300	
32 Legal fees		4,430		4,430	
33 Supplies					
34 Telephone					
35 Postage and shipping	35				
36 Occupancy					
37 Equipment rental and maintenance	37				
38 Printing and publications					
39 Travel					
40 Conferences, conventions, and meetings	40				
41 Interest	1	15,563		15,563	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemizæ):	43a				
b See Statement 3	43b	7,906		7,906	
	42-			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d	43d				
Δ	43e	Joseph John Hall	<b>5</b> 2		
4 lal functional expenses (add lines 22 - 43). Organization		A B Based			
completing columns (B)-(D), carry these totals to lines 13	1	352,413	300,000	52,413	0
Joint Costs. Check if you are following SOP 98-2.					
Are any joint costs from a combined educational campaign	and fu	ndraising solicitation r	eported in (B) Progra	m services?	▶ Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs					:
(iii) the amount allocated to Management and gene8al			ount allocated to Fundrais		'
Part III Statement of Program Service A	ccom				
What is the organization's primary exempt purpose?	CCCIII	pholinicitio (occ	page zo or the i	rioti dotiono.	Program Service
▶ TO GRANT CASH GIFTS TO THE All organizations must describe their exempt purpose achie of clients served, publications issued, etc. Discuss achieve organizations and 4947(a)(1) nonexempt charitable trusts in the contract of the contract	evemer ments must al	nts in a clear and conc that are not measurab so enter the amount c	ise manner. State the ble. (Section 501(c)(3) of grants and allocation	number and (4) is to others.)	Expenses (Required for 501(c)(3) (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a GIFT TO SCHOOL, TRANSFER TACCOUNT.	ro T	OWN OF TEST	WICH SCHOOL		
				200 000	200 000
		(Grants and a	illocations \$	300,000)	300,000
b					
		(Grants and a	Illocations \$	)	
c					
***************************************					
		(Grants and a	Illocations \$	)	
d					
		(Grants and a	Illocations \$	)	
her program services (attach schedule)		(Grants and a	allocations \$	)	
f Total of Program Service Expenses (should equal lin	e 44, co	olumn (B), Program se	ervices)		300,000
DAA					Form <b>990</b> (2004

#### Part IV Balance Sheets (See page 25 of the instructions.)

	^'າte:	Where required, attached schedules and amounts within the d	escription	(A)		(B)
		column should be for end-of-year amounts only.		Beginning of year 6,736	45	End of year 543,826
	45	Cash-non-interest-bearing		0,730	46	5-3,020
	46	Savings and temporary cash investments			40	
	4=	Accounts receivable 47a				
	4/a				47c	
	b	Less: allowance for doubtful accounts 47b			470	
	40	Pledges receivable 48a				
		Pledges receivable 48a Less: allowance for doubtful accounts 48b			48c	
		Oznata zanakuahla			49	
	49	Grants receivable		V 4.000-000	43	
Α	50				50	
A	E4-	(attach schedule) Other notes and loans receivable (attach			- 50	
s	51a					
s		schedule) 51a   Less: allowance for doubtful accounts 51b			51c	
e	i				52	
t	52	Inventories for sale or use Prepaid expenses and deferred charges			53	
S	53	Investments-securities	Cost FMV		54	
	54	Investments-land, buildings, and	_ Cost _ TWV		34	
	55a	· · · · · · · · · · · · · · · · · · ·				
	<u>_</u>	equipment: basis 55a Less: accumulated depreciation (attach				
	ט				55c	
	56	Investments other (attach schodule)	ee Stmt 4	261,266		56,280
			18,498,104	202,200		30,100
		Less: accumulated depreciation (attach	20,200,202			
		schedule) See Statement 5 57b		15,419,900	57c	18,498,104
	58	Other assets (describe See Statement 6	) where we are		58	68,767
	00	<u> </u>				
ı	59	Total assets (add lines 45 through 58) (must equal line 74)	Year I	15,687,902	59	19,166,977
_	60	Accounts payable and accrued expenses			60	
L	61	Grants payable			61	
a	62	Deferred revenue			62	
b	63	Loans from officers, directors, trustees, and key employees (at	tach			
1		schedule)			63	
i	64a	Tax-exempt bond liabilities (attach schedule)			64a	
t		8.6 - to			64b	
e	65	Other liabilities (describe ► See Statement 7	)		65	2,964,638
s						
	66	Total liabilities (add lines 60 through 65)		0	66	2,964,638
	Orga	inizations that follow SFAS 117, check hele $[X]$ and comple	te lines			
		67 through 69 and lines 73 and 74.		4 5 6 5 6 6 6 6 6		16 150 220
NF	67	Unrestricted		15,637,902		16,152,339
e u t n	68	Temporarily restricted		50,000		50,000
d	69	Permanently restricted			69	
Α	Orga	anizations that do not follow SFAS 117, check her and				
s B		complete lines 70 through 74.				
s a e i	70				70	
ta	71	Paid-in or capital surplus, or land, building, and equipment fun			71	
s n	72	Retained earnings, endowment, accumulated income, or other			72	
с 0 е	73	Total net assets or fund balances (add lines 67 through 69 o	riines			
rs		70 through 72;		15 607 000	72	16 202 220
	-7 A	column (A) must equal line 19; column (B) must equal line 21		15,687,902 15,687,902		16,202,339 19,166,977
	74	Total liabilities and net assets / fund balances (add lines 66	anu / 3)	13,001,302	14	19,100,911

Frm 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a public negative. It is a programization. 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.

DAA

Form	990 (2004)	FEOFFEES OF T	HE GRAMMER S	CHOO	L IN 04-6	001191			Page 4
	rt IV-A	Reconciliation of Re			art IV-B	Reconciliation c	f Ex	penses p	er Audited
		Financial Statement		.	F	inancial Staten	nent	s with Ex	penses per
		Return (See page 27			F	Return			
a a	ofal revenu	e, gains, and other support		а	Total expenses	and losses per			
-		inancial statements	a 1,391,4	63	audited financia	al statements		а	877,026
b	•	luded on line a but not on		b		led on line a but not			
ມ	line 12, Form				on line 17, Forr				
(4)	Net unrealize			/1	Donated service				
(1)				1,,	of facilities \$				
(0)	investments			(2	2) Prior year adjus				
(2)		vices and use		\2	reported on line				
		\$			Form 990 \$				
(3)	Recoveries			(2					
	year grants			(3	B) Losses reporte				
(4)	Other (specif			١.,	Form 990 <u>\$</u>		-		
		See Stmt 8		(4	) Other (specify):		0		
		\$ 524,613	504 6	٦ م		See Stmt			
	Add amounts	s on lines (1) through (4) ▶	b 524,6	13	<u>\$</u>				E04 613
						n lines (1) through (	4) ▶	b	524,613
С	Line a minus	line b	c 866,8	<u>50</u> c		ne <b>b</b>	₽	С	352,413
d	Amounts inc	luded on line 12,		d	Amounts includ	led on line 17,			
	Form 990 bu	t not on line a:			Form 990 but n	ot on line a:			
(1)	Investment e	expenses		(1	) Investment exp	enses			
	not included	on line			not included on	line			
	6b, Form 990				6b, Form 990\$				
(2)	Other (specif			(2	2) Other (specify):				
\-/	- (-p	. 37.		`	, , , , , , , , , , , , , , , , , , , ,				•
		\$			\$				
	Add amounts	s on lines (1) and (2)	d		Add amounts o	n lines (1) and (2)	<b>A</b>	d	
е		e per line 12, Form 990		e		per line 17, Form 9			
-		ne d)	e 866,8			d)		е	352,413
	V Lis	st of Officers, Directo							
		instructions.)	is, musicus, and m	of Season	P	sacir one even il noi	COM	onoutou, ot	se page 27 o.
	uie	: ilistructions.)		(B)	Title and average	(C) Compensation	(D)	Contrib. to	(E) Expense
		(A) Name and address	3	hours	Title and average per week devoted to position	(If not paid, enter	empl plan	Contrib. to oyee benefit s & deferred mpensation	account and other allowances
D(	אדאדו ב	'. WHISTON		MAN	VAGER	-0/	COI	препзаноп	anowarioes
	<i></i>			3	MGEIL	7,056		0	0
	L MARKE			ļ	AIRMAN	7,030			
		R B C MULHOLLA		j-	TYMAIN	E 020		0	0
		587 IPSWICH N	1A U1938	4	3.T.) T.F.	5,020			0
	MES FO			CLE	ANS	F 110		^	•
	RIVER		A 01938	2		5,118		0	0
	TER FO			· .	EASURER	F 222		^	_
4(	1 COLO	NIAL DR. IPSW	LCH MA 01938	4		5,020		0	0
				ľ					
75	Did any offic	er, director, trustee, or key e	mployee receive aggrega	ate com	pensation of more	than \$100,000 fron	ı your		
		and all related organization						▶	Yes X No
	•	ch schedule-see page 28 of				S			
_									Eorm 990 (2004)

	990 (2004) FEOFFEES OF THE GRAMMER SCHOOL IN 04-6001191			aye o
Pa	ort VI Other Information (See page 28 of the instructions.)		Yes	No
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	Vere any changes made in the organizing or governing documents but not reported to the IRS?	77		
	If "Yes," attach a conformed copy of the changes.			*V*
78a	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? If "Yes," attach a			32
	statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organizatio  If "Yes," enter the name of the organization of the organiza			
	and check whether it is exempt or nonexempt.			
	Enter direct and indirect political expenditures. See line 81 instructions 81a			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as			
	revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions			1
-	or gifts were not tax deductible?	84b		1
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? $N/A$	85a		ĺ
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85b		
~	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			1
d	Section 162(e) lobbying and political expenditures  85d			l
U	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e			
_	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f			
1	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		1
g	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	353		i
п	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	ът / з	85h		
	year? N/A 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a	0011		i
86		1		
_b	Cross resemble, meneral entre representation and re	1		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders  87a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)  [87b]	-		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	0.0		x
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 : section 4912 ▶ 0 : section 4955 ▶ 0			1
	360001140111	1		1
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			1
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			32
	a statement explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_
	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is file			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			
91	The books are in care of ▶ PETER FOOTE Telephone no. ▶ 978 -	3,5,6	-10	40
	Located at ► TPSWICH, MA ZIP+4 ► U1938			
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			
_		Forn	990	(2004

indicated.	r gross amounts unless otherwise		Unrelated b	usiness income	1	by sec. 512, 513, or 5°	14 (E) Related or
	m service revenue:	1	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
				the transfer of the second			
						Decree on	
		I .					
е							
f Medicar	re/Medicaid payments						
g Fees ar	nd contracts from government agencies						
	rship dues and assessments				7.4	E 01E	<u> </u>
	on savings and temporary cash investr				14	5,015	
	ds and interest from securities				<del></del>		
	tal income or (loss) from real estate: anced property	-					
	anced property t-financed property				16	861,835	
Net ren	tal income or (loss) from personal prope	ertv –					
	nvestment income						
0 Gain or	(loss) from sales of assets other than ir	nventory					
	ome or (loss) from special events						
2 Gross p	profit or (loss) from sales of inventory						
	evenue: a						
c							
d							
e						0.66 0.50	
4 Subtota	I (add columns (B), (D), and (E))	L			0	866,850 ▶	866,85
	add line 104, columns (B), (D), and (E)) 05 plus line 1d, Part I, should equal the a	omount on line	12 Dort I				
N/A							
Name, ad	Information Regarding Taxa (A) Idress, and EIN of corporation,	(B) Percentage of	Natu	isregarded (C) re of activities		See page 34 of (D) Total income	(E) End-of-year
Name, ad partner	(A) Idress, and EIN of corporation, Prship, or disregarded entity own	tble Subsidi (B) Percentage of nership interest	Natu	isregarded (C) re of activities		(D)	f the instruction: (E) End-of-year assets
Name, ad	(A) Idress, and EIN of corporation, Prship, or disregarded entity own	(B) Percentage of	Natu %	isregarded (C) re of activities		(D)	(E) End-of-year
Name, ad partner	(A) Idress, and EIN of corporation, Prship, or disregarded entity own	(B) Percentage of nership interest	Natu % %	isregarded (C) re of activities		(D)	(E) End-of-year
Name, ad partner	(A) Idress, and EIN of corporation, Prship, or disregarded entity own	(B) Percentage of nership interest	Natu %	isregarded (C) re of activities		(D)	(E) End-of-year
Name, ad partner N/A	Idress, and EIN of corporation, rship, or disregarded entity own	(B) Percentage of nership interest	Natu % % % %	(C) re of activities		(D) Total income	(E) End-of-year assets
Name, ad partner N/A  Part X  (a) Did (b) Did	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transthe organization, during the year, receive the organization, during the year, pay p	(B) Percentage of nership interest  sfers Assoc ve any funds, doremiums, direct	Natu % % % % ciated with I	(C) re of activities  Personal Bestly, to pay pren	nefit Con	(D) Total income  Itracts (See page personal benefit con	End-of-year assets  34 of the instruction stract? Yes X No.
Name, ad partner N/A	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transthe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct from the control of the contro	Nature Na	(C) re of activities  Personal Be otty, to pay pren on a personal t	nefit Con	Total income  Itracts (See page personal benefit con act?	(E) End-of-year assets  34 of the instruction stract? Yes X No.
Name, ad partner N/A  Part X (a) Did (b) Did Note: If "	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transthe organization, during the year, receive the organization, during the year, pay p	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct doremiums, direct documents are examined things.	Nature Na	Personal Be on a personal tage	nefit Conniums on a penefit contraction	Total income  Itracts (See page personal benefit con act?	End-of-year assets  34 of the instruction at ract? Yes X N. Yes X N. Dest of my knowledge
Name, ad partner N/A  Part X (a) Did (b) Did Note: If "	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I h	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct doremiums, direct documents are examined things.	Nature Na	Personal Be on a personal tage	nefit Conniums on a penefit contraction	Total income  Itracts (See page personal benefit con act?	End-of-year assets  34 of the instruction at ract? Yes X N. Yes X N. Dest of my knowledge
Name, ad partner N/A  Part X (a) Did (b) Did Note: If " ease gn	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I h	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct doremiums, direct documents are examined things.	Nature Na	Personal Be on a personal tage	nefit Conniums on a penefit contraction	Total income  Itracts (See page personal benefit con act?	End-of-year assets  34 of the instruction stract? Yes X N Yes X N
Name, ad partner N/A  Part X (a) Did (b) Did Note: If " ease gn	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay payes to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct doremiums, direct documents are examined things.	Nature Na	Personal Be on a personal tage	nefit Conniums on a penefit contraction	Total income  Itracts (See page personal benefit con act?  Itatements, and to the total of which preparer has	End-of-year assets  34 of the instruction atract? Yes X N Yes X N Dest of my knowledge
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Name, ad partner N/A  Part X  (a) Did (b) Did Note: If "	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.  Signature of officer	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct doremiums, direct documents are examined things.	Nature Na	Personal Be on a personal tage	nefit Con niums on a p penefit contr nedules and s n all informatio	Total income  Itracts (See page personal benefit con act?  Itatements, and to the total of which preparer has benefit conditions of which preparer has been	End-of-year assets  34 of the instruction stract? Yes X N Yes X N  Dest of my knowledge as any knowledge.
Name, ad partner N/A  Part X  (a) Did  (b) Did  Note: If "Y	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.  Signature of officer	(B) Percentage of nership interest  sfers Associate any funds, doremiums, direct doremiums, direct documents are examined things.	Nature Na	Personal Be on a personal tage	nefit Con niums on a p penefit contr nedules and s n all informatio	Total income  Itracts (See page personal benefit con act?  Itatements, and to the bon of which preparer has been page page.	End-of-year assets  34 of the instruction tract? Yes X No
Name, ad partner N/A  Part X  (a) Did (b) Did Note: If "\  lease ign ere	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.  Signature of officer  Type or print name and title.  Preparer's signature	(B) Percentage of nership interest  sfers Assoc ve any funds, doremiums, direct vectors (see instructive examined this declaration of present vectors (see instructive examined this declaration examined this decla	Nature Na	re of activities  Personal Bestly, to pay prenon a personal taccompanying scofficer) is based of the page of the p	nefit Con niums on a p penefit contr nedules and s n all informatio	Total income  Itracts (See page personal benefit con act?  Itatements, and to the bon of which preparer has been personal benefit con act?	End-of-year assets  34 of the instruction stract? Yes X No Yes X N
Name, ad partner N/A  Part X (a) Did (b) Did Note: If "  lease ign ere	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.  Signature of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours Dan C1	(B) Percentage of nership interest  sfers Assoc ve any funds, doremiums, direct vectors (see instructive examined this declaration of present vectors).	Nature Na	Personal Beotty, to pay pren on a personal baccompanying scofficer) is based of Date 9 /	nefit Conniums on a penefit contraction and information all information and 13 / 07	Total income  Itracts (See page personal benefit con act?  Itatements, and to the bon of which preparer has been personal benefit con act?	End-of-year assets  34 of the instruction stract? Yes X No Yes X N
Name, ad partner N/A  Part X (a) Did (b) Did Note: If "  lease ign ere aid reparer's	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transite organization, during the year, receive the organization, during the year, pay payes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.  Signature of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours if self-employed),  Dan C1 100 Cu	(B) Percentage of nership interest  sfers Associate the series of the series Associate the series are series as the series are series are series as the series are series are series as the series are series are series as the series are series as the series are series are series as the series are series are series as the series are series are series are series as the series are serie	Nature Na	Personal Beotty, to pay pren on a personal baccompanying scofficer) is based of Date 9/	nefit Conniums on a penefit contraction and information all information and 13 / 07	Total income  Itracts (See page personal benefit con act?  Itatements, and to the bon of which preparer has benefit consequence of the property of the propert	End-of-year assets  34 of the instruction stract? Yes X No Yes X No Yes X No Yes A No Yes X N
Part X  (a) Did  (b) Did  Note: If "  Please Sign Here	Idress, and EIN of corporation, rship, or disregarded entity  Information Regarding Transithe organization, during the year, receive the organization, during the year, pay pyes" to (b), file Form 8870 and Form 47  Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete.  Signature of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours Dan C1	(B) Percentage of nership interest  sfers Associate the series of the series Associate the series are series as the series are series are series as the series are series are series as the series are series are series as the series are series as the series are series are series as the series are series are series as the series are series are series are series as the series are serie	Nature Na	Personal Beotty, to pay pren on a personal baccompanying scofficer) is based of Date 9/	nefit Conniums on a penefit contraction and information all information and 13 / 07	Total income  Itracts (See page personal benefit con act?  Itatements, and to the bon of which preparer has benefit consequence of the property of the propert	End-of-year assets  34 of the instruction stract? Yes X No

#### SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

OMB No. 1545-0047

nent of the Treasury Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization			Employer identifi	cation number
FEOFFEES OF THE GRAMMER SCHOOL IN			04-6001191	
THE TOWN OF IPSWICH  Part I Compensation of the Five Highest Pa	aid Employees Other Than	o Officers		
(See page 1 of the instructions. List ea	ach one. If there are none.	enter "Nor	ne.'')	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensa	(d) Contributions	s & account and other
NONE				
			:	
Total number of other employees paid over \$50,000▶				
Part II Compensation of the Five Highest Pa (See page 2 of the instructions. List ea	aid Independent Contracto ach one (whether individua	ors for Prof als or firms)	fessional Serv ). If there are n	ices one, enter "Non
(a) Name and address of each independent contractor pa	aid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services				
For Paperwork Reduction Act Notice, see the Instructions for	Form 990 and Form 990-EZ.		Schedule A (Forn	n 990 or 990-EZ) 20

Sche	dule A (Form 990 or 990-EZ) 2004 FEOFFEES OF THE GRAMMER SCHOOL IN 04-6001191		F	age 2
	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any .ttempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activitide \$ (Must equal amounts on line 38,	1		X
	Part VI-A, or line i of Part VI-B.)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	1		
	the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?  Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2c 2d		X
d	Payment of compensation (or payment or reinbursement or expenses it more than \$1,000):			
е	Transfer of any part of its income or assets?	2e		X
3а	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			77
	you determine that recipients qualify to receive payments.)	3a 3b		X
b 4a	Do you have a section 403(b) annuity plan for your employees?  Did you maintain any separate account for participating donors where donors have the right to provide advice	30		
4a	on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	art IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
6 7 8 9 110 111a 111b 112	organization is not a private foundation because it is: (Please check only ONE applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. S 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses accounts.	1)(A)( ection		
13	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	าร		
	Provide the following information about the supported organizations. (See page 5 of the instructions.)	Line r	ulmp,	
	(a) Name(s) of supported organization(s)	rom al		
	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

	e: You may use the worksheet in the instr	uctions for converting		the cash method of			
Cal^	ndar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d)2000		(e) Total
10	ifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc., purpose						
18	Gross income from interest, dividends,						
	amounts received from payments on securities	3					
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less		***				
	section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit						
	without charge. Do not include the value of services or facilities generally furnished to the						
	public without charge						
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23			<u></u>			
26	Organizations described on lines 10 of	or 11: a Enter 2% c	of amount in column (e	e), line 24	<b>&gt;</b>	26a	
	repare a list for your records to show t						
	governmental unit or publicly supported	organization) whos	e total gifts for 2000 th	hrough 2003 exceed	ed the		
	amount shown in line 26a. Do not file the	nis list with your re	turn. Enter the total o	of all these excess ar	nounts 🕨	26b	
С	Total support for section 509(a)(1) test:	Enter line 24, colum	nn (e)		▶	26c	
d	Add: Amounts from column (e) for lines:		19				
		22	26b		<b>&gt;</b>	26d	
е	Public support (line 26c minus line 26d				▶	26e	
f	Public support percentage (line 26e (r					26f	%
27	Organizations described on line 12:	a For amounts inc	luded in lines 15, 16,	and 17 that were rec	eived from a "dis	squalified	
	person," prepare a list for your records	to show the name of	f, and total amounts re	eceived <mark>in eac</mark> h year	from, each "disc	<sub>l</sub> ualified pe	rson."
	Do not file this list with your return. E	nter the sum of suc	h amounts for each ye	ear:			N/I
		002)			(200	D)	
b	For any amount included in line 17 that	was received from (	each person (other tha	an "disqualified perso	ons"), prepare a	list for your	records to
	show the name of, and amount received	d for each year, that	was more than the la	irger of (1) the amou	nt on line 25 for	the year or	(2) \$5,000.
	(Include in the list organizations describ	ed in lines 5 through	h 11, as well as individ	duals.) Do not file th	is list with your	return. Af	ter computing
	the difference between the amount rece	ived and the larger	amount described in (	(1) or (2), enter the s	um of these diffe	rences (the	e excess
	amounts) for each year:						N/I
	(2003) (20	002)	(200	1)	(200	٥)	
С	Add: Amounts from column (e) for lines:	: 15	16				
	17	20	21		▶	27c	
d	Add: Line 27a total.	and line 27	b total		▶	27d	
е		27d total)			<b>&gt;</b>	27e	
f	Total support for section 509(a)(2) test:	Enter amount from	line 23, column (e)	▶ 27f			
g						27g	9/
	Investment income percentage (line 1					27h	%
28	Unusual Grants: For an organization d					ough 2003,	
	prepare a list for your records to show,						
	escription of the nature of the grant. D						

Pa	art V Private School Questionnaire (See page / of the instructions.)				
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	14 / 12	29	162	140
	ther governing instrument, or in a resolution of its governing body?		23		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its				
	brochures, catalogues, and other written communications with the public dealing with student admissions,		30		
	programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way				
	that makes the policy known to all parts of the general community it serves?	ļ	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		<u> </u>		
	• •				ı
					Ì
		- 1			ı
					Ì
32	Does the organization maintain the following:				ı
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		32a		Ì
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory				
~	basis?		32b		
С	a to the title to the character and ather written communications to the public decline.				
Ĭ	with student admissions, programs, and scholarships?		32c		
d	The state of the s		32d		
	•				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
	· · · · · · · · · · · · · · · · · · ·				
33	Does the organization discriminate by race in any way with respect to:				
а	Students' rights or privileges?		33a		
			33b		
	dmissions policies?		วจัก		
_	Employment of faculty or administrative staff?	1	33c		
C	Employment of faculty of authinistrative state:		-		
d	Scholarships or other financial assistance?		33d		
u	Control in the Control in the first accordance.				
e	Educational policies?		33e		
-					
f	Use of facilities?		33f		
g	Athletic programs?		33g		
h	Other extracurricular activities?		33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
					ĺ
	• • • • • • • • • • • • • • • • • • • •				
	Describe association results and financial aid or conjetence from a governmental agency?		34a		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		J4d		
L	Has the organization's right to such aid ever been revoked or suspended?		34b		
b	If you answered "Yes" to either 34a or b, please explain using an attached statement.		5-75		
	ii you answered Tes to ettier 54a or b, piease explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05				
	of Rev. Proc. 75-50, 1975-2 C. B. 587, covering racial nondiscrimination? If "No " attach an explanation		35		İ

Schedule A (Form 990	<sub>or 990-EZ) 2004</sub> FEOFI Lobbying Expendi	FEES OF T	HE GRAMMER	SCHO!	OT TI	04-60	instru	1Ction	Page 5
Part VI-A I	To be completed (	DNLY by an el	ing Public Char igible organizati	on that f	iled For	m 5768)	n/A		13.)
	f the organization belong				if you che	cked "a" ar	nd "lim	ited co	ntrol" provisions apply.
		_obbying Exp				(a Affiliated tota	d group		(b) To be completed for ALL electing organizations
	(The term "expenditu	res" means amour	nts paid or incurred.)						organizations
36 Total lobbying e	xpenditures to influence	public opinion (gra	assroots lobbying)		36				
37 Total lobbying e	xpenditures to influence	a legislative body	(direct lobbying)	,					
38 Total lobbying e	xpenditures (add lines 3	6 and 37)							
	urpose expenditures				39				
	rpose expenditures (add				40				
41 Lobbying nontax	cable amount. Enter the								
If the amount o			ontaxable amount i						
Not over \$500,000		20% of the amoun	t on line 40						
	not over \$1,000,000								
	ut not over \$1,500,000				41				
	ut not over \$17,000,000								
					40				
	axable amount (enter 25								
	from line 36. Enter -0- if								
44 Subtract line 41	from line 38. Enter -0- if	line 41 is more tha	m iine 30		. 44				
Caution: If there	e is an amount on either	line 43 or line 44	you must file Form 4	720					
Caution. If there	s is an amount on entier		aging Period U		ction 50	01(h)			
	(Some organization		ion 501(h) election d				e five o	column	s below.
			or lines 45 through 5						
								ъ ,	
			Lobbying Exp	enaitures	During 4	Year Aver	aging	Period	l
Calendar year (	or	(a)	(b)	1	(c)		(d)		(e)
fiscal year begi	nning in)▶	2004	2003		.002	2	001		Total
				into 1					
45 Lobbying nontax	cable amount		Francis Carpet		·····				
46 Lobbying ceiling	' '								
line 45(e))						_			
47 Total lobbying e	xpenditures								
40. 0									
48 Grassroots nont	ng amount (150% of				····				
	ig amount (150% of								
line 48(e))	·				-				
50 Grassroots lobb	ving expenditures								
Part VI-B	Lobbying Activity	by Nonelectin	a Public Chariti	es					
	For reporting only	by organization	ns that did not o	omplete	e Part V	'I-A) (See	pad	e 11	of the instructions
	the organization attemp								
					. 3 -	•	Yes	No	Amount
attempt to influence	public opinion on a legis	stative matter or re	ierendum, imoudin ir	ic use or.					
attempt to influence  a Volunteers									· · · · · · · · · · · · · · · · · · ·
a Volunteers	public opinion on a legis anagement (Include cor				igh h.)				

Mailings to members, legislators, or the public

Publications, or published or broadcast statements

Grants to other organizations for lobbying purposes

Direct contact with legislators, their staffs, government officials, or a legislative body

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

				e 11 of the instructions.)					
51					ing with any other organization described in secti	ion			
					27, relating to political organizations?				
а	Transfers fr	om the reporting orga	nization to	a noncharitable exempt organiza	iion of:		Yes		
	(i) Cash					51a(i)		X	
						a(ii)		X	
b	Other transa								
			ets with a no	oncharitable exempt organization		b(i)		X	
	(ii) Purch	ases of assets from a	noncharita	ble exempt organization		b(ii)		X	
						b(iii)		X	
	(iv) Reimb	oursement arrangeme	ents			b(iv)		X	
		or loan guarantees				b(v)		X	
						b(vi)		X	
С		Sharing of facilities, equipment, mailing lists, other assets, or paid employees							
d	If the answe	er to any of the above	is "Yes," co	emplete the following schedule. C	olumn (b) should always show the fair market va	lue of th	е		
_					anization received less than fair market value in				
					s, other assets, or services received:				
	(a)	(b)		(c)	(d)				
	Line no.	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and share	ing arrang	gemen	ts	
N	/A								
#4	/								
_									
				a E E C					
				Assert Maare s		<del></del>			
			·····						
				and the same of th					
52a				ted with, or related to, one or mo			<u></u>	=1	
				er than section 501(c)(3)) or in se	ction 527?	· [] Ye	es 2	ON 2	
b	If "Yes," cor	mplete the following so	chedule:						
		(a)		(b)	(c)				
		lame of organization		Type of organization	Description of relationship				
	N/A								
	****								
_			·						

Part VII

04-6001191

# Federal Statements

# Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

Description	Deduction
COTTAGES	
REAL ESTATE	480,220
BEACH SAMPLING	760
POLICE DETAIL	9,353
DOCK REMOVAL & STORAGE	2,380
TELEPHONE	223
REPAIRS & UPKEEP	31,677
Total	524,613



04-6001 Federal Statements

### Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address			ationship o Org	Class of Activity			
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
TOWN OF IPSWICH		NONE	H	EDUCATIONAL			
			\$ 300,000	\$	\$		
Total			\$ 300,000	\$ 0 :	<del>\$</del> 0		



04-6001191

# Federal Statements

# Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total penses	Program Service	Mgt & General	Fund- Raising
	\$ \$		\$	\$
Expenses COMM OF MASS FILING FEES INSURANCE MEETINGS OFFICE EXPS ADVERTISING	125 5,495 306 1,766 214		125 5,495 306 1,766 214	
Total	\$ 7,906 \$	0	\$ 7,906	\$0



04-6001191	001191 Federal Statements					
Statement 4 - Fo	rm 990, Part IV, Lin <u>e</u>	56 - Other In	vestments			
Description		Beginning of Year	End of Year			
SAVINGS RESERVE FOR CAPITAL IMPROVEMENTS	\$	261,266	\$ 56,280			
Total	Ś	261,266	\$ 56,280			
IOCAI	۲ <u></u>	201,200	7			
Statement 5 - Form 990	, T					
	, T					
Statement 5 - Form 990	, T					
Statement 5 - Form 990  Description  LAND	, Part IV, Line 57 - La Beginning	Accum Deprec	s, and Equipment  End of			
Statement 5 - Form 990  Description	, Part IV, Line 57 - La Beginning of Year	Accum Deprec	End of Year			
Statement 5 - Form 990  Description  LAND	, Part IV, Line 57 - La Beginning of Year	Accum Deprec	End of Year \$15,419,900			

### Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	 End of Year
TNTANGIBLE ASSET	<b>\$</b>	\$ 68,767
Total	\$ 0	\$ 68,767

# Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
NOTES PAYABLE	\$	\$ 2,964,638
Total	\$ <u> </u>	\$ 2,964,638

Basis of Valuation

Accum Deprec

0

04-	6	O	O	1	1	q	1
04-	U	U	v	ı	- 1	J	- 1

# **Federal Statements**

# Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

	Amount		
RENTAL EXPENSES NETTED	AGAINST RENTAL REVENUE	\$ 524,613	3
Total		\$ 524,61	3

# Statement 9 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

	Description						Amount		
RENTAL E	XPENSES	NETTED	AGAINST	RENTAL	REVENUE	S	\$	524,613	
Tota	al					5	⇒	524,613	



Financial Statements

June 30, 2005

#### Table of Contents

		<u>Page</u>
Independen	t Auditors' Report	1
Exhibit A -	Statement of assets, liabilities, and net assets - cash basis as of June 30, 2005	2
Exhibit B -	Statement of activities - cash basis for the year ended June 30, 2005	3
Notes to fin	ancial statements	4 & 5

# DAN CLASBY & COMPANY

Certified Public Accountants

- ] -

#### 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, 2005, 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, 2005, and its activities for the year then ended, on the basis of accounting described in Note 1.

October 19, 2005

San Clasby a Company

email: ClasbyCo@msn.com

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

#### As of June 30, 2005

#### <u>Assets</u>

Cash - operating	\$ 543,826
Cash – savings	56,280
Land and buildings at assessed value 06/30/1998	15,419,900
Electric improvements, at cost	471,274
Sewer improvements, at cost	2,606,930
Intangible assets, net	68,767
Total Assets	\$ <u>19,166,977</u>
Liabilities and	d Net Assets
Liabilities Note payable - bank Note payable - related party	2,000,000 964,638
Total liabilities	2,964,638
Net assets: Unrestricted Restricted	16,152,339 50,000
Total net assets	16,202,339
Total Liabilities and Net Assets	\$ <u>19,166,977</u>

### 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, 2005

2 0. 5	Undesignated	Board Designated	Total
Support and Revenue:			
Buildings, home and land collections	\$ 461,448	\$ -	\$ 461,448
Rents	809,500		809,500
Assessments - DEP study	115,500	•••	115,500
Interest income	5,015	_	5,015
interest income	<u> </u>		
Total support and revenue	1,391,463		1,391,463
Expenses:			
Real estate taxes	480,220		480,220
Gift to Town of Ipswich Public Schools	300,000	-	300,000
Repairs and upkeep	31,677	_	31,677
Salaries	22,214	-	22,214
Interest expense	15,563	=	15,563
Police details	9,353	***	9,353
Insurance	5,495		5,495
Legal	4,430	_	4,430
Dock removal and storage	2,380	_	2,380
Accounting	2,300	-	2,300
Office expense	1,766	-	1,766
Beach sampling	760	_	760
Meetings	306	-	306
Telephone	223	_	223
Advertising	214	_	214
State fees	125		125
Total expenses	877,026		<u>877,026</u>
Change in net assets	514,437	-	514,437
Net assets, beginning of year	15,637,902	50,000	15,687,902
Net assets, end of year	\$ <u>16,152,339</u>	\$ <u>50,000</u>	\$ <u>16,202,339</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

Feoffces 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.

There are no temporarily or 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.

#### Notes to Financial Statements

#### (2) Note payable - bank

The Trust has a construction loan with a local bank of \$6,483,000 of which \$2,000,000 is outstanding at June 30, 2005. The construction loan carries interest at the prime rate plus 1%. The construction loan is secured by the assets of the trust. The construction loan is for a period of up to nine (9) months. The loan then converts to a permanent term loan for a period of 20 years with an interest rate fixed for five years at the Federal Home Loan Bank of Boston classic advance rate plus 2.75%, with a floor of 6.75%. The purpose of this loan is for sewer upgrades.

The Trust has a second construction loan with the same bank of \$535,000 of which \$-0- is outstanding at June 30, 2005. This loan carries interest at the fixed rate of 6.5%. This construction loan is secured by the assets of the trust. This construction loan is for a period of up to twelve (12) months. This loan then coverts to a permanent term loan for a period of four (4) years. The purpose of this loan is for underground electrical upgrades.

#### (3) Note payable - related party

The Trust is indebted to the Chairman of its Board of Managers in the amount of \$964,638 at June 30, 2005. The Chairman established a line of credit of \$1,000,000 with the same financial institution that is referred to in Note 2 above, as the bank could not lend the Feoffees more than \$2,000,000 pending the receipt of an order from the Essex Probate Court authorizing those loans. The note carries interest at 6.2%, which is the identical rate charged by the bank to the Chairman. This note was paid off during September 2005 with proceeds from the Trust's first construction loan.