

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2003**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**THE LEELANAU SCHOOL**

Number and street (or P.O. box if mail is not delivered to street address)

**ONE OLD HOMESTEAD ROAD**

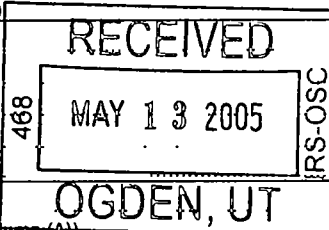
City or town, state or country, and ZIP + 4

**GLEN ARBOR, MI 49636****D** Employer identification number**38-6061392****E** Telephone number**(231) 334-5800****F** Accounting method ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) ( 3 ) (Insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,483,227.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received		1a	186,801.	1d	186,801.
	a	Direct public support		1b		2	1,901,127.
	b	Indirect public support		1c		3	
	c	Government contributions (grants)				4	10,576.
	d	Total (add lines 1a through 1c) (cash \$ 186,801. noncash \$ )				5	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				6	
	3	Membership dues and assessments				7	
	4	Interest on savings and temporary cash investments				8d	2,536.
	5	Dividends and interest from securities				9c	
	6a	Gross rents		6a		10c	55,289.
	b	Less rental expenses		6b		11	4,445.
	c	Net rental income or (loss) (subtract line 6b from line 6a)				12	2,160,774.
Expenses	7	Other investment income (describe ▶ )				13	2,190,316.
	8a	Gross amount from sales of assets other than inventory		(A) Securities	308,552.	14	700,527.
	b	Less cost or other basis and sales expenses		(B) Other		15	4,073.
	c	Gain or (loss) (attach schedule)		8a		16	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8b		17	2,894,916.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		8c		18	<734,142.>
	a	Gross revenue (not including \$ of contributions reported on line 1a)		9a		19	1,148,652.
	b	Less direct expenses other than fundraising expenses		9b		20	5,740.
	c	Net income or (loss) from special events (subtract line 9b from line 9a)				21	420,250.
	10a	Gross sales of inventory, less returns and allowances		10a	71,726.		
	b	Less cost of goods sold		10b	16,437.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
Net Assets	11	Other revenue (from Part VII, line 103)					
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					
	13	Program services (from line 44, column (B))					
	14	Management and general (from line 44, column (C))					
	15	Fundraising (from line 44, column (D))					
16		Payments to affiliates (attach schedule)					
17		Total expenses (add lines 16 and 44, column (A))					
18		Excess or (deficit) for the year (subtract line 17 from line 12)					
19		Net assets or fund balances at beginning of year (from line 73, column (A))					
20		Other changes in net assets or fund balances (attach explanation)					
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)					



SEE STATEMENT 4

323001 12-17-03 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

SCANNED JUN 21 2005

14210506 756122 84631

2003.09000 THE LEELANAU SCHOOL

84631\_\_1

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) cash \$222,398. noncash \$	222,398.	222,398.	STATEMENT 7		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	348,765.	0.	348,765.	0.	
26	Other salaries and wages	840,482.	672,386.	168,096.		
27	Pension plan contributions	94,614.	60,237.	34,377.		
28	Other employee benefits	7,317.	5,854.	1,463.		
29	Payroll taxes	262,864.	210,291.	52,573.		
30	Professional fundraising fees					
31	Accounting fees	13,785.	11,028.	2,757.		
32	Legal fees	3,278.	2,622.	656.		
33	Supplies	30,814.	24,651.	6,163.		
34	Telephone	23,714.	18,971.	4,743.		
35	Postage and shipping	17,759.	14,207.	3,552.		
36	Occupancy	128,903.	103,122.	25,781.		
37	Equipment rental and maintenance	16,365.	16,365.			
38	Printing and publications	30,134.	30,134.			
39	Travel	18,014.	14,411.	3,603.		
40	Conferences, conventions, and meetings					
41	Interest	48,111.	48,111.			
42	Depreciation, depletion, etc (attach schedule)	154,076.	154,076.			
43	Other expenses not covered above (itemize):					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 5	43e	633,523.	581,452.	47,998.	4,073.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,894,916.	2,190,316.	700,527.	4,073.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? SEE STATEMENT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	SCHOOL AND SUMMER PROGRAMS - COLLEGE PREPARATORY PROGRAMS FOR HIGH SCHOOL STUDENTS AND CONTINUING EDUCATION FOR ADULTS. 69 STUDENTS WERE SERVED FOR THE YEAR ENDING 6/30/04. (Grants and allocations \$ 222,398.)	2,190,316.
b	 (Grants and allocations \$ )	
c	 (Grants and allocations \$ )	
d	 (Grants and allocations \$ )	
e	Other program services (attach schedule) (Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,190,316.

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	135,927.	45	177,661.
	46 Savings and temporary cash investments	341,566.	46	354,356.
	47 a Accounts receivable	47a 1,948.		
	b Less. allowance for doubtful accounts	47b	7,840.	47c 1,948.
	48 a Pledges receivable	48a 13,195.		
	b Less. allowance for doubtful accounts	48b	525.	48c 13,195.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less. allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	43,275.	52	38,412.
	53 Prepaid expenses and deferred charges	14,749.	53	32,038.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less. accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 4,903,455.			
b Less. accumulated depreciation	57b 3,218,551.	1,767,775.	57c 1,684,904.	
58 Other assets (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,311,657.	59	2,302,514.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	107,632.	60	133,729.
	61 Grants payable		61	
	62 Deferred revenue	443,976.	62	604,956.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 8 611,397.	64b	1,143,579.
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	1,163,005.	66	1,882,264.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	733,240.	67	13,094.
	68 Temporarily restricted	222,757.	68	206,212.
	69 Permanently restricted	192,655.	69	200,944.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	1,148,652.	73	420,250.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	2,311,657.	74	2,302,514.

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.



**Part VI Other Information**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	<b>X</b>
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80 a</b> 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?	<b>80a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the organization <span style="float: right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>		
<b>81 a</b> Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;"><b>81a</b> 0.</span>	<b>81b</b>	<b>X</b>
<b>b</b> Did the organization file Form 1120-POL for this year?		
<b>82 a</b> 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?	<b>82a</b>	<b>X</b>
<b>b</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.) <span style="float: right;"><b>82b</b> N/A</span>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	<b>84b</b>	
<b>85 501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span> 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	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members <span style="float: right;"><b>85c</b> N/A</span>		
<b>d</b> Section 162(e) lobbying and political expenditures <span style="float: right;"><b>85d</b> N/A</span>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;"><b>85e</b> N/A</span>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;"><b>85f</b> N/A</span>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	<b>85g</b>	
<b>h</b> 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? <span style="float: right;">N/A</span>	<b>85h</b>	
<b>86 501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <span style="float: right;"><b>86a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <span style="float: right;"><b>86b</b> N/A</span>		
<b>87 501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders <span style="float: right;"><b>87a</b> N/A</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;"><b>87b</b> N/A</span>		
<b>88</b> 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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	<b>X</b>
<b>89 a 501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">0.</span> , section 4912 <span style="float: right;">0.</span> , section 4955 <span style="float: right;">0.</span>		
<b>b 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
<b>90 a</b> List the states with which a copy of this return is filed <span style="float: right;">NONE</span>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 <span style="float: right;"><b>90b</b> 41</span>		
<b>91</b> The books are in care of <span style="float: right;">PATRICK BEGG</span> Telephone no <span style="float: right;">231-334-3072</span>		

Located at **ONE OLD HOMESTEAD ROAD, GLEN ARBOR, MI**ZIP + 4 **49636**

**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/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION - STUDENTS					1,628,928.
b SYMPOSIUM FEES					272,199.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	10,576.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,536.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	55,289.	
103 Other revenue					
a FINANCE CHARGES			14	4,445.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		72,846.	1,901,127.
105 Total (add line 104, columns (B), (D), and (E))					1,973,973.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	EDUCATION OF STUDENTS ENROLLED AT THE LEELANAU SCHOOL
93B	CONTINUING EDUCATION FOR ADULTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870, and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,  
information of which preparer has any knowledge

1/10/05  
Date **RICHARD O'DELL, SCHOOL PRES.**  
Type or print name and title.

Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

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

OMB No 1545-0047

**2003**

Name of the organization

THE LEELANAU SCHOOL

Employer identification number

38 6061392

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part 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 attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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 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.) **SEE STATEMENT 14**

a 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?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) **SEE STATEMENT 15**

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☒ A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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))

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. N/A  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	<b>26a</b>	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)	<b>26c</b>	N/A
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	N/A
e Public support (line 26c minus line 26d total)	<b>26e</b>	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	N/A %
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2002) (2001) (2000) (1999)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2002) (2001) (2000) (1999)		
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	N/A
d Add Line 27a total _____ and line 27b total _____	<b>27d</b>	N/A
e Public support (line 27c total minus line 27d total)	<b>27e</b>	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	<b>27f</b>	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b>	N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
<b>29</b>	X	

**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, programs, and scholarships?

<b>30</b>	X	
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**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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?

<b>31</b>	X	
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If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)

**NONDISCRIMINATION POLICY IS IN SCHOOL PRINTED MATERIAL AND IS RE-EMPHASIZED TO INDIVIDUALS AND THE GENERAL PUBLIC.**

**32** Does the organization maintain the following:

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

<b>32a</b>	X	
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**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

<b>32b</b>	X	
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**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

<b>32c</b>	X	
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**d** Copies of all material used by the organization or on its behalf to solicit contributions?

<b>32d</b>	X	
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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:

**a** Students' rights or privileges?

<b>33a</b>		X
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**b** Admissions policies?

<b>33b</b>		X
------------	--	---

**c** Employment of faculty or administrative staff?

<b>33c</b>		X
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**d** Scholarships or other financial assistance?

<b>33d</b>		X
------------	--	---

**e** Educational policies?

<b>33e</b>		X
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**f** Use of facilities?

<b>33f</b>		X
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**g** Athletic programs?

<b>33g</b>		X
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**h** Other extracurricular activities?

<b>33h</b>		X
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If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

<b>34a</b>		X
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**b** Has the organization's right to such aid ever been revoked or suspended?

<b>34b</b>		X
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If you answered "Yes" to either 34a or b, please 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

<b>35</b>	X	
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Schedule A (Form 990 or 990-EZ) 2003

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

► ☐ Yes ☒ No

N/A

[illegible]

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
DOW CHEMICAL COMPANY	5,101.	5,102.	0.	<1.>
TO FORM 990, PART I, LINE 8	5,101.	5,102.	0.	<1.>

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FORM 990      GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES      STATEMENT      2

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FEDERATED PRIME VALUE OBLIGATION	VARIOUS	06/30/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	165,578.	165,578.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CAPITAL GAINS DISTRIBUTIONS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	294.	0.	0.	294.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FEDERATED PRIME VALUE OBLIGATION	VARIOUS	06/30/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	10,987.	10,987.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CAPITAL GAINS DISTRIBUTIONS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	170.	0.	0.	170.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
JANUS SMALL CAP VALUE FUND	12/31/02	10/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,952.	2,065.	0.	<113.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
JANUS FLEXIBLE INCOME FUND	10/31/03	11/05/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	18,266.	17,355.	0.	911.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIDELITY CONVERTIBLE SECURITIES	05/16/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	300.	295.	0.	5.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FREMONT US MICRO-CAP FUND	05/03/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,400.	1,229.	0.	171.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
GABELLI EQUITY SMALL CAP GROWTH FUND	10/07/03	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,200.	1,163.	0.	37.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
HARBOR CAPITAL APPRECIATION FUND	05/03/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	3,020.	3,110.	0.	<90.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SELECTED AMERICAN SHARES FUND	05/03/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	4,340.	4,204.	0.	136.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
WEITZ PARTNERS VALUE FUND	05/03/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	2,210.	2,177.	0.	33.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FEDERATED TREASURY OBLIGATION FUND	VARIOUS	06/30/04	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	4,438.	4,438.	0.	0.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
CHEMICAL FINANCIAL CORP	12/18/03	12/23/03	DONATED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	223.	223.	0.	0.



DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIFTH THIRD BANCORP	03/02/04	03/08/04	DONATED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	4,209.	4,199.	0.	10.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FEDERATED PRIME VALUE OBLIGATION	VARIOUS	06/30/04	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	18,853.	18,853.	0.	0.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
CAPITAL GAINS DISTRIBUTIONS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	222.	0.	0.	222.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
JANUS SMALL CAP VALUE FUND	12/31/02	10/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,952.	2,065.	0.	<113.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
JANUS FLEXIBLE INCOME FUND	10/31/03	11/05/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	21,476.	20,411.	0.	1,065.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FEDERATED ULTRA SHORT BOND FUND	02/20/03	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	29,531.	30,000.	0.	<469.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIDELITY CONVERTIBLE SECURITIES	05/16/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	900.	884.	0.	16.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FREMONT US MICRO-CAP FUND	05/03/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,150.	1,010.	0.	140.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
GABELLI EQUITY SMALL CAP GROWTH FUND	10/07/03	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	950.	920.	0.	30.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
HARBOR CAPITAL APPRECIATION FUND	05/03/02	11/07/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	2,770.	2,853.	0.	<83.>

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
SELECTED AMERICAN SHARES FUND	05/03/02	11/07/03	PURCHASED	
<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
	4,100.	3,972.	0.	128.
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
WEITZ PARTNERS VALUE FUND	05/03/02	11/07/03	PURCHASED	
<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
	1,960.	1,930.	0.	30.
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
FREMONT BOND FUND	12/31/03	01/07/04	PURCHASED	
<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
	1,000.	993.	0.	7.
TOTAL TO FM 990, PART I, LN 8	303,451.	300,914.	0.	2,537.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

## INCOME

1. GROSS RECEIPTS . . . . .	71,726	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		71,726
4. COST OF GOODS SOLD (LINE 13) . . . . .	16,437	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		55,289

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	24,733	
7. MERCHANDISE PURCHASED . . . . .	13,991	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		38,724
12. INVENTORY AT END OF YEAR . . . . .	22,287	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		16,437

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	5,740.
TOTAL TO FORM 990, PART I, LINE 20	5,740.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BOOKSTORE	10,285.	10,285.		
CLASS EXPENSES	71,391.	71,391.		
ENRICHMENT & SYMPOSIUM	32,851.	32,851.		
OUTSIDE SERVICES	84,363.	67,490.	16,873.	
MAINTENANCE & REPAIR	48,641.	38,913.	9,728.	
CAFETERIA	137,761.	137,761.		
INSURANCE	71,874.	57,499.	14,375.	
DUES & SUBSCRIPTIONS	20,607.	20,607.		
EMPLOYEE EDUCATION	19,890.	19,890.		
ADVERTISING	94,843.	94,843.		
MISCELLANEOUS	35,108.	28,086.	7,022.	
BAD DEBT	1,836.	1,836.		
ALUMNI WEEKEND & SERVICES	4,073.			4,073.
TOTAL TO FM 990, LN 43	633,523.	581,452.	47,998.	4,073.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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## EXPLANATION

SCHOOL AND SUMMER PROGRAMS - COLLEGE PREPATORY PROGRAMS FOR HIGH SCHOOL STUDENTS AND CONTINUING EDUCATION FOR ADULTS.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
TUITION SCHOLARSHIP	ANDERSON, M	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	500.
TUITION SCHOLARSHIP	CARL, A	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	12,500.
TUITION SCHOLARSHIP	CLARK, C	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	11,000.
TUITION SCHOLARSHIP	DALY, K	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	11,500.
TUITION SCHOLARSHIP	DALY, T	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	5,000.
TUITION SCHOLARSHIP	FALKNER, T	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	10,500.
TUITION SCHOLARSHIP	HAGEN, A	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	10,000.
TUITION SCHOLARSHIP	HARRISON, S	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	6,000.
TUITION SCHOLARSHIP	HORNE, B	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	15,000.
TUITION SCHOLARSHIP	LONERO, M	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	6,000.
TUITION SCHOLARSHIP	MATHEWS, T	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	11,308.
TUITION SCHOLARSHIP	PRZEKAZA, E	ONE OLD HOMESTEAD RD, GLEN ARBOR, MI 49636	NONE	15,500.

TUITION SCHOLARSHIP	REITZ, A	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	16,000.
TUITION SCHOLARSHIP	RICCOBONO, J	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	14,500.
TUITION SCHOLARSHIP	ROUSSEAU, S	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	23,045.
TUITION SCHOLARSHIP	SAIN, T	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	15,500.
TUITION SCHOLARSHIP	SMITH, J	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	5,000.
TUITION SCHOLARSHIP	VEGA, T	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	23,045.
TUITION SCHOLARSHIP	WEBER, Z	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	10,000.
TUITION SCHOLARSHIP	WENDELL, Z	ONE OLD HOMESTEAD NONE RD, GLEN ARBOR, MI 49636	500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			222,398.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

LENDER'S NAMETERMS OF REPAYMENT

NORTHWESTERN BANK (LOC)

PAYABLE IN FULL ON DUE  
DATEDATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

06/02/04

09/10/04

1,250,000.

5.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

REAL ESTATE MORTGAGE

LINE OF CREDIT WITH BANK

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF  
CONSIDERATIONBALANCE DUE

0.

1,099,545.

LENDER'S NAMETERMS OF REPAYMENT

FORD MOTOR CREDIT

MONTHLY INSTALLMENTS OF  
\$444DATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

10/24/02

10/ /05

11,103.

7.50%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

VEHICLE

VEHICLE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF  
CONSIDERATIONBALANCE DUE

0.

6,342.



LENDER'S NAME	TERMS OF REPAYMENT
FORD MOTOR CREDIT	MONTHLY INSTALLMENTS OF \$511

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/30/01	07/31/07	24,611.	9.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
VEHICLE	VEHICLE

RELATIONSHIP OF LENDER  
NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	16,065.

LENDER'S NAME	TERMS OF REPAYMENT
FORD MOTOR CREDIT	MONTHLY INSTALLMENTS OF \$496

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
09/02/03	09/ /08	25,311.	6.49%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
VEHICLE	VEHICLE

RELATIONSHIP OF LENDER  
NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	21,627.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	1,143,579.
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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON INVESTMENTS		5,740.	
COST OF GOODS SOLD FROM SALES OF INVENTORY		16,437.	
TOTAL TO FORM 990, PART IV-A		22,177.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
COST OF GOODS SOLD FROM SALES OF INVENTORY		16,437.	
TOTAL TO FORM 990, PART IV-B		16,437.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
SCHOLARSHIPS AND GRANTS TO STUDENTS		222,398.	
TOTAL TO FORM 990, PART IV-A		222,398.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	12
DESCRIPTION		AMOUNT	
SCHOLARSHIPS AND GRANTS TO STUDENTS		222,398.	
TOTAL TO FORM 990, PART IV-B		222,398.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
WILLIAM MILTZ 507 BAY STREET TRAVERSE CITY, MI 49684	CHAIRMAN 1	0.	0. 0.
DAVID F. COTTEN 912 N. SALEM DR. TOWNHOUSE #7 ESSEXVILLE, MI 48732	TRUSTEE 1	0.	0. 0.
WILLIAM P. IRWIN 4665 CASCADE RD., S.E. SUITE 119 GRAND RAPIDS, MI 49546-3766	TRUSTEE 1	0.	0. 0.
PATRICIA J. RICHARDS 616 WASHINGTON STREET TRAVERSE CITY, MI 49686	TRUSTEE 1	0.	0. 0.
HOWARD N. SMITH 666 KING AVENUE MARION, OH 43302	TRUSTEE 1	0.	0. 0.
SANDY MITCHELL 7048 E HORN RD LAKE LEELANAU, MI 49653	ASSISTANT TO PRESIDENT 40+	46,286.	15,274. 0.
DUANE PETTY 6263 W. LAKEWOOD DRIVE GLEN ARBOR, MI 49636	DEAN OF STUDENTS 40+	55,226.	18,225. 0.
ROBERT KARNER ONE OLD HOMESTEAD RD. GLEN ARBOR, MI 49636	PRINCIPAL 40+	55,153.	18,200. 0.
PATRICK BEGG 6960 BOONE ROAD TRAVERSE CITY, MI 49684	BUSINESS MANAGER 40+	44,000.	14,520. 0.
RICHARD O'DELL ONE OLD HOMESTEAD RD GLEN ARBOR, MI 49636	PRESIDENT 40+	95,000.	31,350. 0.
SUE ZIMMERMAN MILLER 5951 GRAND RIVER DR ADA, MI 49301	TRUSTEE 1	0.	0. 0.

THE LEELANAU SCHOOL

38-6061392

MAYETI GAMETCHU 483 BEACON ST, UNIT 71 BOSTON, MA 02115	TRUSTEE 1	0.	0.	0.
SCOTT HOLLEY 25 CAPRA WAY #305 SAN FRANCISCO, CA 94123	TRUSTEE 1	0.	0.	0.
CAROL DEANGELIS  BIRMINGHAM, MI	TRUSTEE 1	0.	0.	0.
JOHN DE PUY  GLEN ARBOR, MI	TRUSTEE 1	0.	0.	0.
DEE ANDERSON TARPOFF  EAST LANSING, MI	TRUSTEE 1	0.	0.	0.
BARBARA PINARD ONE OLD HOMESTEAD RD GLEN ARBOR, MI 49636	DIRECTOR- ACADEMIC STUDIES 40+	53,100.	17,523.	0.

TOTALS INCLUDED ON FORM 990, PART V

348,765. 115,092. 0.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 14

- 2B - THE LEELANAU SCHOOL PROVIDES SHORT-TERM FUNDING ON AN AS-NEEDED BASIS TO COVER OVERDRAWN STUDENT ACCOUNTS.
- 2C - THE LEELANAU SCHOOL PAYS LEGAL FEES TO CALCUTT ROGERS & BOYNTON, PLLC. A TRUSTEE OF THE SCHOOL IS ALSO A PARTNER IN THIS FIRM.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3 STATEMENT 15

THE LEELANAU SCHOOL DETERMINES GRANTS FOR SCHOLARSHIPS BASED ON NEED, ACADEMIC PERFORMANCE AND MERIT.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Note: Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	THE LEELANAU SCHOOL	38-6061392
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE OLD HOMESTEAD ROAD	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN ARBOR, MI 49636	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning JUL 1, 2003, and ending JUN 30, 2004.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Stephen M. Rea Title ► CPADate ► 4/15/05

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization  <b>THE LEELANAU SCHOOL</b>	Employer identification number  <b>38-6061392</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE OLD HOMESTEAD ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GLEN ARBOR, MI 49636</b>	

Check type of return to be filed (File a separate application for each return):

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box ☐ **X**  
• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 16, 2005  
5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004  
6 If this tax year is for less than 12 months, check reason: ☐ Initial return    ☐ Final return    ☐ Change in accounting period

7 State in detail why you need the extension  
ACCOUNTANTS ARE UNABLE TO RECONCILE THE INFORMATION NEEDED AT THIS TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_  
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_  
c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Rana Macke Title CPA Date 2-11-05

**Notice to Applicant - To Be Completed by the IRS**

☒ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.  
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print  323832 05-01-03	Name <b>THE REHMANN GROUP</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>P.O. BOX 808</b>
	City or town, province or state, and country (including postal or ZIP code) <b>TRAVERSE CITY, MI 49685-0808</b>

**EXTENSION APPROVED****MAR 03 2005**

FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN, UT 84002-2000

**THE LEELANAU SCHOOL**  
**EIN: 38-6061392**  
**JUNE 30, 2004**  
**FORM 990, PART IV, LINE 57**

DESCRIPTION	6/30/03	ADDITIONS	DELETIONS	6/30/04
Land	153,963	-	-	153,963
Land Improvements	81,336	-	-	81,336
Athletic Field & Tennis Courts	86,418	-	-	86,418
Buildings	3,843,746	25,402	(15,540)	3,853,608
General Equipment	465,688	18,554	(856)	483,386
Paintings / Artwork	6,310	-	-	6,310
Vehicles	191,097	27,511	-	218,608
Books	19,826	-	-	19,826
	<b>4,848,384</b>	<b>71,467</b>	<b>(16,396)</b>	<b>4,903,455</b>
Accum Dep - Land Improvements	(14,826)	(15,428)	-	(30,254)
Accum. Dep - Field	(72,991)	(1,269)	-	(74,260)
Accum Dep - Buildings	(2,405,235)	(107,937)	15,279	(2,497,893)
Accum Dep - Equipment	(421,783)	(13,363)	856	(434,290)
Accum Dep. - Vehicles	(144,371)	(15,764)	-	(160,135)
Accum Dep - Books	(21,403)	(316)	-	(21,719)
	<b>(3,080,609)</b>	<b>(154,077)</b>	<b>16,135</b>	<b>(3,218,551)</b>
<b>Property and Equipment, net</b>	<b>1,767,775</b>			<b>1,684,904</b>