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 be used to use a convertible return to exists.

OMB No 1545-0047 2003

Open to Public

Dep Inte	artment mal Reve	of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements		Open to Public inspection
A	-	2003 calendar year, or tax year beginning , and ending		
В_		applicable Please C Name of organization	D E	Employer ID number
	Addre	ss change label or	9	95-4723204
X	Name	change print or SHUTTLEWORTH LEADERSHIP SOCIETY INT	E 1	Telephone number
	Initial	retum type. Number and street (or P O box if mail is not delivered to street address) Room/suite	3	323-660-8732
] Final (F /	Accounting method: X Cash
	Amen	ded return City or town, state or country, and ZIP + 4		Accrual Other (specify)
L	Applic	ation pending tions. LOS ANGELES CA 90027	<u> </u>	
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to sec	tion 52	27 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for a	affiliate	s? Yes X No
<u>G</u>	Websi	te: ► N/A H(b) If "Yes," enter number of a	affiliate	es 🕨 . 🗔
J	_	zation type H(c) Are all affiliates included?	?	☐ Yes ☐ No
	(check	only one) ► X 501(c) (3) < (insert no.) 4947(a)(1) or 527 (if "No," att a list See ins	-	
K	Check	here 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. H(d) Is this a separate return fi	iled by	
	The org	ganization need not file a return with the IRS; but if the organization received a organization covered by a	group	oruling? Yes X No
		90 Package in the mail, it should file a return without financial data. Some states I Group Exemption Nur	nber l	
			•	ization is not required
<u>L_</u>		receipts: Add lines 6b, 8b, 9b, and 10b to line 12 334, 618 to attach Sch. B (Form		
4	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 c	<u>t the</u>	instructions.)
	1	Contributions, gifts, grants, and similar amounts received:]	
CO	a	Direct public support 1a 1,189	ł	
5 1	b	Indirect public support 1b	-	
0=	С	Government contributions (grants)	┨ .	1 100
	d	Total (add lines 1a through 1c) (cash \$	1d	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	333,429
<i>f</i> `	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	
13	5	Dividends and interest from securities	5	
C.	6a	Gross rents RECEIVED 6a	ł	
Ų.	þ	Less: rental expenses	1	
W)	C	Net rental income or (loss) (subtract line 6b from the 6a) Other investment income (describe)	6c	
R	7	Other investment income (describe	7	
v e	8a	CODE	1	
n		than inventory QGDEN, UT 8a	┨	
u e	b	Less. cost or other basis and sales expenses 8b	1	
	C	Gain or (loss) (attach schedule) Net som or (loss) (combine like 2s columns (A) and (D))	ا	
	9	Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, check here ▶	8d	
	1	_	į.	
	a	Gross revenue (not including \$ of contributions reported on line 1a) 9a	[
		Less: direct expenses other than fundraising expenses 9b	f	
	b	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold	t	
	6	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	334,618
E	13	Program services (from line 44, column (B))	13	317,023
E X	14	Management and general (from line 44, column (C))	14	24,638
e	15	Fundraising (from line 44, column (D))	15	4,570
n S	16	Payments to affiliates (attach schedule)	16	
е s	17	Total expenses (add lines 16 and 44, column (A))	17	346,231
A	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-11,613
N S	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	60,060
e e t t	20	Other changes in net assets or fund balances (attach explanation)	20	
' T		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	48,447

317,023

Form 990 (2003)

Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Functional Expenses and section 4947(a)(1) nonexempt chantable trusts but optional for others (See page 22 of the instructions) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22 Grants and allocations (attach schedule) 22 (cash\$ cash \$ 23 Specific assistance to individuals 23 24 Benefits paid to or for members 24 4,790 4,789 9,579 25 Compensation of officers, directors, etc. 25 132,124 14,679 Other salaries and wages 26 146,803 26 27 Pension plan contributions 27 3,097 3,097 28 Other employee benefits 28 29 Payroll taxes 29 30 Professional fundraising fees 30 551 551 31 Accounting fees 31 830 830 32 32 Legal fees 40,746 1,945 38,801 33 Supplies 33 Telephone 34 2,742 2,742 35 Postage and shipping 35 90,798 90,798 36 Occupancy 36 419 419 37 37 Equipment rental and maintenance 139 Printing and publications 38 139 777 777 39 39 40 Conferences, conventions, and meetings 40 14 14 41 8,898 8,898 42 Depreciation, depletion, etc. (attach schedule) 42 Other expenses not covered above (itemize):a 43a 40,838 34,857 1,4114,570 SEE STATEMENT 1 43b 43c c d 43d 43e 44 Total functional expenses (add lines 22 - 43) Organizations 346,231 317,023 24,638 4,570 completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ▶ ☐ If you are following SOP 98-2. ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? , (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs\$ (III) the amount allocated to Management and genera\$ and (iv) the amount allocated to Fundraising\$ Statement of Program Service Accomplishments (See page 25 of the instructions.) **Program Service** What is the organization's primary exempt purpose? Expenses EDUCATION (Required for 501(c)(3) & All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs , & 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts, but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) AN EXPANDING SCHOOL WHICH PRODUCED LITERATE AND COMPETENT CHILDREN. APPROXIMATELY 60-65 CHILDREN ATTEND THE SCHOOL. 317,023 (Grants and allocations FREE LITERACY PROGRAM FOR THE COMMUNITY. BLOOD DRIVE AND BEACH CLEAN-UP, TO CREATE A HAPPIER ENVIRONMENT FOR ALL. (Grants and allocations (Grants and allocations (Grants and allocations e Other program services (attach schedule) (Grants and allocations

Total of Program Service Expenses (should equal line 44, column (B), Program services)

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

	Note:	Where required, attached schedules and amounts w	ithin the description	(A)		(B)
	T	column should be for end-of-year amounts only.	Beginning of year		End of year	
	45	Cash-non-interest-bearing		10,623	1 1	8,361
	46	Savings and temporary cash investments			46	
			1 1			
	47a	Accounts receivable .	47a			
	þ	Less: allowance for doubtful accounts	47b		47c	
	1		1 1		! !	
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and ke	ey employees			
A		(attach schedule)			50	
S	51a	Other notes and loans receivable (attach	·		1	
S		schedule)	51a		1 1	
0	b	Less: allowance for doubtful accounts	51b		51c	
t	52	Inventories for sale or use	<u> </u>		52	·
S	53	Prepaid expenses and deferred charges	[53	
	54	Investments-securities	► Cost FMV		54	
	55a	Investments-land, buildings, and				
		equipment: basis	55a		1 1	
	b	Less: accumulated depreciation (attach			!	
		schedule)	55b		55c	
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a 78,657			
	Ь	Less: accumulated depreciation (attach			}	
		schedule) SEE STMT 2	57b 33,718	50,190	576	44,939
	58	Other assets (describe SEE STMT 3	337720	2,898		500
	"	Other assets (describe F	· '	2,050	30	
	59	Total assets (add lines 45 through 58) (must equal I	upo 74)	63,711	59	53,800
_	60	Accounts payable and accrued expenses	me /4)	19	60	19
L	61		ļ-		61	
i	l	Grants payable Deferred revenue	-		62	
a b	62		January (24422)		62	
ĩ	63	Loans from officers, directors, trustees, and key emp	proyees (attach			
!		schedule)	<u> </u>		63	
! •	648	Tax-exempt bond liabilities (attach schedule)	. GER MODYGURES		64a	2 011
ì	b	Mortgages and other notes payable (attach schedule		2 (20	64b	2,811
0	65	Other liabilities (describe SEE STMT 4	- ⁾	3,632	65	2,523
S				2 654		F 050
_	_ 66	Total liabilities (add lines 60 through 65)		3,651	66	5,353
	Orga	•	and complete lines			
		67 through 69 and lines 73 and 74.		60.060		40 445
NF	67	Unrestricted	ļ-	60,060		48,447
e u t n	68	Temporarily restricted	· · · · · · · · · 	. <u> </u>	68	
d	69	Permanently restricted	. —		69	
Α	Orga	inizations that do not follow SFAS 117, check here	▶ ☐ and			
s B	ŀ	complete lines 70 through 74.	İ			
s a	70	Capital stock, trust principal, or current funds	L		70	
el ta	71	Paid-in or capital surplus, or land, building, and equip		71		
s n	72	Retained earnings, endowment, accumulated income	e, or other funds		72	
C	73	Total net assets or fund balances (add lines 67 thro	ough 69 or lines			
Oe rs		70 through 72;	i			
. 3		column (A) must equal line 19; column (B) must equ	al line 21)	60,060		48,447
	74	Total liabilities and net assets / fund balances (add	d lines 66 and 73)	63,711	74	53,800

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 IV-A	SHUTTLEWORTH I		Part IV-B F	Reconciliation of	Ехр	enses pe	r Audited
	Financial Statements	=		inancial Statem			
N/A ·	Return (See page 27		N/A F	Return			
	ie, gains, and other support		a Total expenses	and losses per			
	financial statements	a	audited financia	al statements	▶	а	*******
Amounts inc	cluded on line a but not on		b Amounts includ	ed on line a but not			
line 12, Forn	n 990		on line 17, Forr	n 990			
(1) Net unrealize	ed gains on		(1) Donated service	es and use			
investments	\$		of facilities \$				
(2) Donated ser	vices and use		(2) Prior year adjus	stments			
of facilities	\$	1 1	reported on line	20,			
(3) Recoveries	of prior		Form 990 <u>\$</u>				
year grants	\$	1 1	(3) Losses reporte				
(4) Other (speci	ıfy)		Form 990 \$				
			(4) Other (specify)				
	\$	4					
Add amount	ts on lines (1) through (4)	b	<u>\$</u>	<u> </u>			
				n lines (1) through (4)		b	
Line a minus	s line b	С	c Line a minus lir		▶	C .	
Amounts inc	cluded on line 12,		d Amounts includ	•			
Form 990 bi	ut not on line a:		Form 990 but n	ot on line a:			
(1) Investment	expenses		(1) Investment exp				
not included	I on line		not included on				
6b, Form 99	90 \$	4 1	6b, Form 990 <u>\$</u>				
(2) Other (spec	ıfy)		(2) Other (specify)				
	\$	4 1	<u> </u>	i			
	ts on lines (1) and (2)	d		n lines (1) and (2)	. ▶	d	
	ue per line 12, Form 990		1	per line 17, Form 99	0		
(line c plus		e 	(line c plus line			e	07
	ist of Officers, Director	's, Trustees, and Ke	y Employees (List eac	h one even if not com	npensa	ated, see pa	ge 27 of
th	e instructions)		(B) Title and systems	(C) Compensation	(D)	Contrib to	(E) Expense
	(A) Name and address	3	(B) Title and average hours per week devoted to	(If not paid, enter	empl plans	Contrib to oyee benefit s & deferred	account and other
MADY IDIO	UT IPDM		PRESIDENT	-0)	COL	mpensation	allowances
MARY UNI		NCET E	40	12,000		0)
	RON HUBB LOS A	NGELE	LEAD TEACHE				
POLLY MA		האדפי כא	40	31,000		0	
	INDOSR RD, GLEN	DALE, CA	DIRECTOR	31,000	 		
JOHN MCC		ENDATE CA	1	0		0	
WILLIAM	LEXINGTON DR GL	ENDALE, CA	DIRECTOR	+	 		1
	BRAND BL #316 G	LENDALE, CA	1	0	ļ	0	
MEGAN SI		LENDALE, CA	DIRECTOR				
	INTIAN AVE LOS	ANCELES CA	1	0		0	
BRAD BEI		ANGELES, CA	DIRECTOR	1	<u> </u>		
	S FELIZ B LOS A	NCELE	1	0		0	
2930 100	S PEHILD D HOO N	1101111				<u></u>	
					_		<u> </u>
	-		•	Į.	ľ		1
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						4 7*	ļ

	1990 (2003) SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204		F	age 5
P	art 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			i
	each activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	102		
	statement	79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	'		-
ova		80a		x
_	membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	ova		
þ	If "Yes," enter the name of the organization ▶			ĺ
••	and check whether it is exempt or nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions [81a	1		
b	Did the organization file Form 1120-POL for this year?	81b		—
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			1
	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	
b	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83b	x	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	3.13		
-	or gifts were not tax deductible?	84b		1
05		85a		
85		-		_
b		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.			
С	Dues, assessments, and similar amounts from members			ĺ
d	Section 162(e) lobbying and political expenditures			
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			ĺ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	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	1		
	year? N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	1		
ь	Gross receipts, included on line 12, for public use of club facilities 86b	1 1		İ
	· · · · · · · · · · · · · · · · · · ·			ĺ
87	1,1,1,1	1 1		ĺ
Ь	· · · · · · · · · · · · · · · · · · ·			ĺ
	sources against amounts due or received from them.)	1		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			ı I
	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	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		l	į
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			į
b	501(c)(3) and 501(c)(4) orgs. 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	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			<u>_</u>
	List the states with which a copy of this return is filed CA			`
90a				10
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) The books are in care of MARY SHUTTLEWORTH Telephone no. > 323-	660	07	
91	· · · · · · · · · · · · · · · · · · ·	000	-,6 /	3
	Located at ▶ 1334 L RON HUBBARD WAY, LOS ANGELES CA ZIP+4 ▶ 90027			
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			
		Form	990	(2003)

Part VII Analysis of Income-	Producing Activities (See page	: 33 of the instru	3204 uctions	.)	Page (
Note: Enter gross amounts unless otherwis		ousiness income		by sec 512, 513, or 5	514 (E)
indicated. • 93 Program service revenue:	Business code		(C) Exclusion code	(D) Amount	Related or exempt function income
a TUITION & MATERIAL	S FEES		0000		332,666
b MISC SCHOOL FEES					763
C					
d					
е					
f Medicare/Medicaid payments					
g Fees and contracts from government a	gencies				
4 Membership dues and assessments					
Interest on savings and temporary cash	n investments	<u> </u>			
6 Dividends and interest from securities				•	
7 Net rental income or (loss) from real es	tate:				
a debt-financed property					
b not debt-financed property					
8 Net rental income or (loss) from person	al property				
9 Other investment income	<u> </u>				
Gain or (loss) from sales of assets othe					
1 Net income or (loss) from special event					
2 Gross profit or (loss) from sales of inver	ľ				
3 Other revenue: a					
					
d					· · · · · · · · · · · · · · · · · · · ·
4 Subtotal (add columns (B), (D), and (E)	,	0	:		0 333,429
5 Total (add line 104, columns (B), (D), a				>	333,429
te: Line 105 plus line 1d, Part I, should equ				<u> </u>	
	vities to the Accomplishment o	f Exempt Purpo	ses (S	See page 34 of	the instructions.)
	which income is reported in column (E) o	-			
			·		
of the organization's exempt;	purposes (other than by providing funds f	or such purposes).			
	purposes (other than by providing funds f		STU	DENTS.	
93A TUITION INCOME		ATING THE			
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH	ATING THE	PPLI	ES.	
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH	ATING THE LS AND SUI EIR CHECK	PPLII BOUI	ES. NCES AND	
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis	ATING THE LS AND SUITER CHECK regarded Entiti	PPLII BOUI	ES. NCES AND e page 34 of th	
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation.	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis	ATING THE LS AND SUITER CHECK regarded Entiti	PPLII BOUI	ES. NCES AND e page 34 of th	e instructions.) (E) End-of-year
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest Nate	ATING THE LS AND SUI EIR CHECK regarded Entiti	PPLII BOUI	ES. NCES AND e page 34 of th	(E)
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation.	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest %	ATING THE LS AND SUITER CHECK regarded Entiti	PPLII BOUI	ES. NCES AND e page 34 of th	(E) End-of-year
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest % % %	ATING THE LS AND SUITER CHECK regarded Entiti	PPLII BOUI	ES. NCES AND e page 34 of th	(E) End-of-year
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH THE SCHOOL IF THE SCH	ATING THE LS AND SUITER CHECK regarded Entiti	PPLII BOUI	ES. NCES AND e page 34 of th	(E) End-of-year
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest % % % % % %	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities	BOUI BOUI	ES. NCES AND e page 34 of th (D) Total income	(E) End-of-year assets
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest % % % % Transfers Associated with Pe	ATING THE LS AND SUITER CHECK regarded Entiti (C) ure of activities	BOUI es (Se	ES. NCES AND e page 34 of th (D) Total income	(E) End-of-year assets of the instructions.)
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding (a) Did the organization, during the year	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dist (B) Percentage of ownership interest % % % Transfers Associated with Percentage on the percentage of the perc	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities rsonal Benefit to pay premiums of	BOUI es (Se	e page 34 of the (D) Total income	(E) End-of-year assets of the instructions.)
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding (a) Did the organization, during the yea (b) Did the organization, during the yea	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest % % % % Transfers Associated with Percentage on the percentage of ownership interest % % % % % % % % % % % % % % % % % %	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities rsonal Benefit to pay premiums of	BOUI es (Se	e page 34 of the (D) Total income	(E) End-of-year assets of the instructions.)
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding (a) Did the organization, during the yea (b) Did the organization, during the yea Note: If "Yes" to (b), file Form 8870 and F	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest % % % % Transfers Associated with Perm, receive any funds, directly or indirectly or pay premiums, directly or indirectly, on form 4720 (see instructions).	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities rsonal Benefit to pay premiums of a personal benefit	BOUI es (Se Contract	ES. NCES AND e page 34 of th (D) Total income	of the instructions.) Yes X No
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding (a) Did the organization, during the yea (b) Did the organization, during the yea Note: If "Yes" to (b), file Form 8870 and F Under penalties of perjury declar	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF THE Taxable Subsidiaries and Dist (B) Percentage of ownership interest % % % 7 Transfers Associated with Permitter or indirectly or indirectly or pay premiums, directly or indirectly or material form 4720 (see instructions).	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities rsonal Benefit , to pay premiums of a personal benefit companying schedules	es (Se Contra n a pers contract and state	e page 34 of the (D) Total income acts (See page 34 onal benefit contract) ments, and to the best	of the instructions.) tr? Yes X No Yes X No
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding (a) Did the organization, during the yea (b) Did the organization, during the yea Note: If "Yes" to (b), file Form 8870 and F Under penalties of perjury declar	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF TH Taxable Subsidiaries and Dis (B) Percentage of ownership interest % % % % Transfers Associated with Perm, receive any funds, directly or indirectly or pay premiums, directly or indirectly, on form 4720 (see instructions).	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities rsonal Benefit , to pay premiums of a personal benefit companying schedules	es (Se Contra n a pers contract and state	e page 34 of the (D) Total income acts (See page 34 onal benefit contract) ments, and to the best	of the instructions.) tr? Yes X No Yes X No
93A TUITION INCOME PARENTS ALSO P 93B PARENTS REIMBU PAY A LATE FEE Part IX Information Regarding (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding (a) Did the organization, during the yea (b) Did the organization, during the yea Note: If "Yes" to (b), file Form 8870 and F Under penalities of perjury Jectar and belief, it is true corpect, angles	IS PAYMENT FOR EDUC AY FOR STUDY MATERIA RSE THE SCHOOL IF THE Taxable Subsidiaries and Dist (B) Percentage of ownership interest % % % 7 Transfers Associated with Permitter or indirectly or indirectly or pay premiums, directly or indirectly or material form 4720 (see instructions).	ATING THE LS AND SUI EIR CHECK regarded Entiti (C) ure of activities rsonal Benefit , to pay premiums of a personal benefit companying schedules	es (Se Contra n a pers contract and state	e page 34 of the (D) Total income acts (See page 34 onal benefit contract) ments, and to the best	of the instructions.) tr? Yes X No Yes X No

Please Sign Here	Under penalties of perjury I declare man theve examined this return, including and belief, it is true correct, and complete Declaration of preparer (other signature of other signature		
Paid	Preparer's signature	Date Check if self-employed ►	Preparer's SSN or PTIN (See Gen Instr W) P00057624
Preparer's	Firm's name (or yours GREENBERG AND JAC	KSON CPAS	EIN ▶ 95-3387333
Use Only	if self-employed). 2950 LOS FELIZ BO	ULEVARD SUITE 103	Phone
	address, and ZIP+4 LOS ANGELES, CA	90039	no ▶ 323-666-7700

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

Employer identification number

2003

SHUTTI	EWORTH LEADERSHIP SOCIETY	TNT		95-472320	4
Part I	Compensation of the Five Highest Pa	id Employees Other T		rectors, and Trus	
	(See page 1 of the instructions. List ea	1	ne, enter "None I	.") (d) Contributions to	(e) Expense
(a	Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee ben plans & deferred compensation	account and other allowances
NONE					
					
\$ 50,000	of other employees paid over				
Part II	Compensation of the Five Highest Pa (See page 2 of the instructions. List ea				enter "None.")
	(a) Name and address of each independent contractor pa	ild more than \$ 50,000	(b) Type	of service	(c) Compensation
NONE					
Total number of professional se	of others receiving over \$50,000 for			<u></u>	
	k Reduction Act Notice, see the Instructions for F	form 990 and Form 990-EZ.		Schedule A (Form 9	90 or 990-EZ) 200

<u>Sch</u>	edule	A (Form 990 or 990-EZ) 2003 SHUTTLEWORTH LEADERSHIP SOCIETY INT	95-4	72320	4		Р	age 2
P	art J	Statements About Activities (See page 2 of the instructions.)					Yes	No
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses produced in connection with the lobbying activities \$	aid	38,		1		х
		ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Oth	er		-			
	org	panizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description by lobbying activities.						
2		ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with a	ny					
	sul	ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families,	or					
		h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority						
		ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explainin nsactions.)	g the					
а		le, exchange, or leasing of property?	SEE	STMT	5	2a	X	
þ		nding of money or other extension of credit?	ann	CITTO ITT	<u>,</u>	2b		X
c d		rnishing of goods, services, or facilities?	SEE	STMT	6.	2c	X	
u	ra	yment of compensation (or payment or reimbursement of expiration if more than \$1,000)?	SEE	STMT	7	2d		
е	Tra	ansfer of any part of its income or assets?	~	D	<i>'</i>	2е		x
За		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	,		ľ			
	yοι	determine that recipients qualify to receive payments.)				3a		X
3b		you have a section 403(b) annuity plan for your employees?			}	3b		X
4		I you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?)					х
	ert f	the use or distribution of funds? Reason for Non-Private Foundation Status (See pages 3 through 6 of the in				4		
5 6 7 8 9	X	nization 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 t	he hosp	ital's nam	e, city,			
10	\Box	An organization operated for the benefit of a college or university owned or operated by a governmental of the benefit of a college or university owned or operated by a governmental of the benefit of a college or university owned or operated by a governmental of the benefit of a college or university owned or operated by a governmental of the benefit of the benefit of a college or university owned or operated by a governmental of the benefit of the benefit of a college or university owned or operated by a governmental of the benefit of the	ınit Sec	 tion 170(b	\/1\/ A\/i	ν···		•
	_	(Also complete the Support Schedule in Part IV-A.)			V - V - V	• /•		
11a		An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	he gene	eral public.				
l1b	Ц	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12	Ш	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, member						
		receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no mits support from gross investment income and unrelated business taxable income (less section 511 tax) if						
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in			Adulted			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and s		-	ons			
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of sec	ion 509	(a)(2). (See	•			
		section 509(a)(3).)						
		Provide the following information about the supported organizations. (See page 5	of the in	structions.		!a -		
		(a) Name(s) of supported organization(s)			I ' ' _		umbei	
					 "	om a	oove.	
			·					
4	П	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the in-	struction	s)	L			
	_							

Schedule A (Form 990'or 990-EZ) 2003 SHUTTLEWORTH LEADERSHIP SOCIETY INT 95 - 4723204

	NTT IV-A Support Schedule (Cor					unting.	
	: You may use the worksheet in the instruction			1			/s\ Ts/sl
	Ciffe grante and contributions	(a) 2002	(b) 2001	(c) 2000	(d) 1999		(e) Total
15	Gifts, grants, and contributions						
	received. (Do not include unusual grants. See line 28.)						
16	Membership fees received		 		 		
<u>16</u> 17			+				
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
40	organization's chantable, etc., purpose	 			+		
18	Gross Income from Interest, dividends, amounts received from payment on securities						
	loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less					ŀ	
	section 511 taxes) from businesses acquired			1	1		
40	by the organization after June 30, 1975				 	\longrightarrow	
19	Net income from unrelated business				•		
	activities not included in line 18		<u> </u>		· ·	-+	
20	Tax revenues levied for the organization's				1		
	benefits 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			ľ			
	services or facilities generally furnished to the						
22	Other income Attach a cabadula Da not				-		
	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				<u> </u>		
25	Enter 1% of line 23				<u> </u>		
26	Organizations described on lines 10 or	11: a Enter 2%	of amount in column (e), line 24	•	26a	······
b	Prepare a list for your records to show the	e name of and amou	nt contributed by each	person (other than a		1 1	
	governmental unit or publicly supported o	rganization) whose to	otal gifts for 1999 throu	gh 2002 exceeded the	•	ŀ	
	amount shown in line 26a. Do not file this	s list with your retur	n. Enter the total of all	these excess amount	s 🕨	26b	
	Total support for section 509(a)(1) test: E		(e)		•	26c	
d	Add: Amounts from column (e) for lines:	18	19			•	
		22	26b		>	26d	
е	Public support (line 26c minus line 26d to	-	•		>	26e	
f	Public support percentage (line 26e (nu	merator) divided by	line 26c (denominato	or))	<u> </u>	26f	%
27	Organizations described on line 12:				•		
	person," prepare a list for your records to	show the name of, a	nd total amounts recei	ved in each year from,	each "disqualific	ed person	
	Do not file this list with your return. Ent	er the sum of such a	mounts for each year:				N/A
	(2002) (20	01)	(2000)	(1999)	
b	For any amount included in line 17 that w					-	
	show the name of, and amount received f	or each year, that wa	as more than the large	r of (1) the amount on	line 25 for the ye	ar or (2)	\$5,000.
	(Include in the list organizations described	-		•	_		
	the difference between the amount receiv	ed and the larger am	ount described in (1) o	r (2), enter the sum of	these difference	s (the ex	
	amounts) for each year:						N/A
,	•	01)	(2000) .	(1999)	
Ć	Add: Amounts from column (e) for lines:	15	16				
	17	20	21		. •	27c	
d	Add: Line 27a total	and line 2	?7b total	 	•	27d	
0	Public support (line 27c total minus line 2			. 12	•	27е	
f	Total support for section 509(a)(2) test: E			▶ 27f		ļ	
9	Public support percentage (line 27e (nu	· -	· ·		•	27g	%
<u>h</u>	Investment Income percentage (line 18,				<u> </u>	27h	%
28	Unusual Grants: For an organization des			=	-		
	prepare a list for your records to show, for				=	rief	
	description of the nature of the grant. Do i	not file this list with	your return. Do not in-	clude these grants in li	ine 15.		

Private School Questionnaire (See page 7 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No X other governing instrument, or in a resolution of its governing body? 29 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, X programs, and scholarships? 30 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 X that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) POLICY IS STATED ON BROCHURES POLICY IS PUBLISHED IN THE NEWPAPER ONCE A YEAR. Does the organization maintain the following: X a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory X basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c X d Copies of all material used by the organization or on its behalf to solicit contributions? 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: X Students' rights or privileges? 33a X **b** Admissions policies? 33b X c Employment of faculty or administrative staff? 33c X d Scholarships or other financial assistance? 33d X **Educational policies?** 33e X Use of facilities? Athletic programs? X 33a h Other extracurricular activities? 33h X If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) X Does the organization receive any financial aid or assistance from a governmental agency? 34a Х b Has the organization's nght to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement.

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

SHUTTLE 02/12/2004 6 25 PM Pg 13								
Schedule A (Form 990 or 990-EZ) 2003 S								
Part VI-A Lobbying Expendence (To be completed	•	•		_		truction N/A	•	
Check ▶ a · if the organization belo								ntrol" provisions apply.
Limits or	Lobbying Expe	nditures	•		(a) Affiliated g)		(b) To be completed for ALL electing organizations
	tures" means amount			T				Organizations
Total lobbying expenditures to influence	• •	• •		36				
7 Total lobbying expenditures to influence88 Total lobbying expenditures (add lines)		airect lobbying)		37	-			
9 Other exempt purpose expenditures	30 and 37)			38				
IO Total exempt purpose expenditures (a)	dd linge 38 and 30\			40				
I Lobbying nontaxable amount. Enter the	•	lowing table-				~~~		
If the amount on line 40 is-		ontaxable amount is	-	1 1				
Not over \$500,000	20% of the amour							
Over \$500,000 but not over \$1,000,000		% of the excess over \$500	0.000					
Over \$1,000,000 but not over \$1,500,000	•	% of the excess over \$1,0	· L	41				
Over \$1,500,000 but not over \$17,000,000	*	of the excess over \$1,50	1					
Over \$17,000,000	\$1,000,000							
2 Grassroots nontaxable amount (enter	25% of line 41)		_	42				
3 Subtract line 42 from line 36. Enter -0-	if line 42 is more than	line 36	•	43				
4 Subtract line 41 from line 38. Enter -0-	if line 41 is more than	ı line 38		44				
Caution: If there is an amount on either								
	4-Year Avera	iging Period Und	ler Section	n 501(I	h)			
(Some organizations	that made a section	501(h) election do not	have to com	plete all	of the five o	olumns	belov	v.
See the in	structions for lines 45	through 50 on page 1	1 of the instr	uctions.)			
		Lobbying Ex	penditures i	During 4	l-Year Avera	aging P	eriod	
Calendar year (or	(a)	(b)	(0	:)		(d)		(e)
fiscal year beginning in)	2003	2002	20			2000		Total
5 Lobbying nontaxable amount								
6 Lobbying ceiling amount (150% of								
line 45(e))	: 							
7 Total lobbying expenditures			ļ					
8 Grassroots nontaxable amount	······································		ļ					
9 Grassroots ceiling amount (150% of		<u> </u>						
line 48(e))			ļ					
O Conservate labbyting averagity and	1							
0 Grassroots lobbying expenditures Part VI-B Lobbying Activity	v by Nonelecting	Public Charities	<u>.l</u>	·				
				rt VI-A) (See pag	ne 12	of th	e instructions.)N/A
Ouring the year, did the organization attem					/ (000 pa.	<u> </u>), ;;	10 111011 40110110110117 11
ttempt to influence public opinion on a leg		_		y		Yes	No	Amount
a Volunteers								
b Paid staff or management (Include o	ompensation in exper	ses reported on lines	c through h.))	•		$\neg \uparrow$	
c Media advertisements	• • • • • • • • • • • • • • • • • • • •							
d Mailings to members, legislators, or t	he public			•	•			
e Publications, or published or broadca	· ·							
f Grants to other organizations for lobb	ying purposes							
g Direct contact with legislators, their s	taffs, government offic	cials, or a legislative b	ody					

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

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

Total lobbying expenditures (Add lines c through h.)

P		_	-		ns and Relationships With Noncharita	able		
:4				ee page 12 of the instructio				
51					with any other organization described in section			
_				3) organizations) or in section 527,				
а		om the reporting organ	iization to a	noncharitable exempt organization	or:	54-40	Yes	No
	• •	assets				51a(i)	\vdash	X
	.		• •	••••		a(ii)		<u> </u>
b			to with a nor	abaritable averant averanization				v
				ncharitable exempt organization le exempt organization		b(i)		X
	• •	of facilities, equipment				b(ii)		X
		oursement arrangemei	-	assets		b(iii)		X
		or loan guarantees	ii.	•	•••••	b(iv)		X
		-	membershir	or fundraising solicitations	•	b(v)		$\frac{\mathbf{x}}{\mathbf{x}}$
С			•	other assets, or paid employees		b(vi)		X
			-		mn (b) should always show the fair market value o	<u> </u>	<u> </u>	
•					zation received less than fair market value in any	1 1110		
				olumn (d) the value of the goods, o	· ·			
	(a)	(b)	11, 311011 1110	(c)	· · · · · · · · · · · · · · · · · · ·			
	Line no	Amount involved	Name o	of nonchantable exempt organization	(d) Description of transfers, transactions, and sharin	a armaa	monto	
	LINGTIO	Amount involved	Ivanio	Tionchartable exempt organization	Description of transfers, transactions, and sharin	y ananyer	Henris	
N	/A							
	/		<u> </u>				-	
			 -					
			· · · · · · · · · · · · · · · · · · ·					
-								
								-
							-	
			· -					
						-		
	Is the organi	ization directly or indire	ectly affiliate	d with, or related to, one or more ta	av-evernt organizations			
				than section 501(c)(3)) or in section		• 🗌 Ye	. <u>Т</u>	l Na
ь		nplete the following sci		and section so recitors of an section	1 527 :	U "	;3 <u>/11</u>	, NO
	,,	(a)	100010.	(b)	(c)			
	١	Name of organization		Type of organization	Description of relationship			
]	N/A			Type of organization	Bossipilor of relationship			
	······							
			-					
		****				-		
	•	 ·						
				-				
		· · · ·		1	-			
	· · ·							
								

SHUTTLE 02/1	12/2004 6 25 PM F	Pg 15					
Forms . 990 / 9	90-PF		Mor	tgages and Ot	her Notes Payable		2003
	,	For ca	lendar year 2003, or	r tax year beginning	, and ending	,	
Name	•					Employer Identifi	cation Number
SHUTT	LEWORTH	LEAD	ERSHIP SO	CIETY INT		95-47232	04
						1 2 2	<u></u>
FORM !	990, PAR	TIV	, LINE 641	B - ADDITION	NAL INFORMATION		
		Name	of lender		Relationship to d	isqualified person	
(1) MAR	Y SHUTTL	EWOR	TH		,		
(2)							
(3)							
(4)							
<u>(5)</u>						-	-
<u>(6)</u>	·						
(7) (8)							
(9)							·
(10)			· · · · · · · · · · · · · · · · · · ·				
•							
C	Original amount borrowed		Date of loan	Maturity date	Repayment terms		Interest rate
(1)	2,8	L1	6/15/03	12/31/04	DUE IN ONE YEAR		
(2)							
(3)							
(4)						 	
(5) (6)							-
(6) (7)							
(8)							
(9)							
(10)	<u>-</u> .						
			,				
	Sec	curity pro	ovided by borrower		Purpose of		
(1)				·	MEET SHORT TERM CA	SH NEEDS C	F SCHOO
(2)							
(3) (4)							
(5)							
(6)							
(7)							
(8)							
(9)	 						
(10)					<u> </u>		····
<u></u>	Consider	ation fur	nished by lender		Balance due at beginning of year	Balance end of	
(1)	Johnstoel		THORICA DY ICHICA		boginning or year	end of	2,811
(1) (2)		-				+	4,011
(3)							
(4)							
(5)							
(6)							

2,811

(7)

(8) (9) (10)

Totals

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2003

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return

SHUTTLEWORTH LEADERSHIP SOCIETY INT

Identifying number 95-4723204

	ness or activity to which this form relates NDIRECT DEPRECIAT	ION								
	Election To Expension Note: If you have a	se Certain Prop	•			u complet	e Part I			
1	Maximum amount. See page 2 of					u complet	o i aiti.	1	100,000	
2	Total cost of section 179 property		•			•		2	200,000	
3	Threshold cost of section 179 property	•	. •	su ucuon	3)			3	400,000	
4	Reduction in limitation. Subtract lin	*		١.				4	100,000	
5	Dollar limitation for tax year Subtract lin	ha lasta etlesa	5							
<u> </u>	(a) Description									
6	(a) Description	1 or property		(b) Cos	st (business us	se only)((c) Elected co	31		
•		·								
7	Listed property Enter the amount	from line 20		L		7				
8	Listed property. Enter the amount		to in onlyman (a) lin	6	a 7			Т.		
9	Total elected cost of section 179 p Tentative deduction. Enter the sm			ies o an	u /			8		
			_					9		
10	Carryover of disallowed deduction	·		45	\ E	 5	· ·	10		
11	Business income limitation. Enter		· ·		-	o (see instru	ctions) .	11		
12	Section 179 expense deduction. A				ine 11			12		
13	Carryover of disallowed deduction				····· >	13				
	: Do not use Part II or Part III below					4 1 1 1				
	ırt II Special Depreciati								1 150	
14	Special depreciation allowance for quali	f the instr)	15	1,178						
5	, , , , , , , , , , , , , , , , , , ,									
6	Other depreciation (including ACR							16	<u> </u>	
P	ert III MACRS Depreciati	ion (Do not incl	ude listed prop	erty.)	(See page	e 4 of the	<u>instruction</u>	<u>s.) </u>		
			Secti							
7	MACRS deductions for assets place	· ·						17	7,606	
8	If you are electing under section 16	68(i)(4) to group any	assets placed in s	ervice d	uring the tax	(ŀ		
	year into one or more general asse	et accounts, check h	ere				<u>▶</u>	ţ		
	Section B-As	sets Placed in Serv	vice During 2003 1	fax Yea	r Using the	General Dep	reclation Sy	stem		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only-see instruct	ent use	(d) Recovery period	(e) Convent	on (f) Meth	nod	(g) Depreciation deduction	
9a	3-year property									
b	5-year property			293	5.0	MQ	200	00DB		
С	7-year property			947	7.0	MQ	200	200DB		
d	10-year property									
θ	15-year property									
f	20-year property									
9	25-year property				25 yrs.		S/L	_		
h	Residential rental			·	27 5 yrs.	ММ	S/L	_		
	property				27.5 yrs.	ММ	S/L			
i	Nonresidential real		•		39 yrs.	MM	S/L		-	
	property				•	MM	S/L			
		ets Placed in Service	e During 2003 Ta	x Year l	Jsing the Al					
0a	Class life						S/L			
	12-year		· · · · · · · · · · · · · · · · ·		12 yrs.		S/L		 	
	40-year				40 yrs.	ММ	S/L			
	rt IV Summary (see pag	e 6 of the instru	ictions)		- 10 y13.	141141	1 5/1			
1	Listed property. Enter amount from							21		
2	Total. Add amounts from line 12, li		ines 19 and 20 in a	olumn (o) and line	21		-		
_	Enter here and on the appropriate	_						22	8,898	
3	For assets shown above and place			. 55,001					3,000	
-	enter the portion of the basis attribu	_	-			23				
	are permental or and basic dump			• • • • • • • • • • • • • • • • • • • •						

SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 Form 4562 (2003) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.) Yes 24b If "Yes," is the evidence written? Yes No Do you have evidence to support the business/investment use claimed? (c) (a) (b) (d) (e) (f) (a) (i) Business/ investment Type of prop Date placed in Cost or other Basis for depreciation Method/ Depreciation Elected Recovery (list vehicles (business/investment Convention section 179 service basis period deduction use percentage first) use only cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions) 26 Property used more than 50% in a qualified business use (see page 6 of the instructions): Property used 50% or less in a qualified business use (see page 6 of the instructions): S/L-S/L-28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven during (f) (a) (b) (c) (d) (e) Vehicle 4 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 5 Vehicle 6 the year (do not include commuting milessee page 2 of the instructions) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (e) (c) (d) (f) (b) Amortization (a) Date amortization Amortization for Amortizable Code period or Description of costs section begins this year amount Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions):

43

Amortization of costs that began before your 2003 tax year

Total. Add amounts in column (f). See page 9 of the instructions for where to report

43 44 0

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 Federal Statements

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Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		Total <u>Expenses</u>		Program Service		Mgt & General	Fund- Raising	
	\$		\$		\$	9	\$	
EXPENSES								•
ADVERTISING		4,570						4,570
BANK FEES		341				341		
COMPUTER PROGRAMMING		325				325		
DONATION		167		167				
PROFESSIONAL DUES		514		514				
FIELD TRIP EXPENSES		16,288		16,288				
INSURANCE		2,360		2,360				
PROFESSIONAL MEMBERSHIPS		545				545		
TELEPHONE		4,504		4,504				
INDEPENDENT CONTRACTORS		11,224	_	11,024	_	200		
TOTAL	\$	40,838	\$	34,857	\$	1,411	\$	4,570

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT

95-4723204

Federal Statements

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Statement 2	- Form 990.	Part IV.	. Line 57 - Land	. Buildinas.	and Equipment
				1	

Description		Beginning of Year	Accum Deprec		End of Year		Accum Deprec	
	\$	76,239	\$_	26,049 \$	78,657	\$_	33,718	
TOTAL	\$	76,239	\$_	26,049 \$	78,657	\$_	33,718	

Statement 3 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year				
DEPOSIT OTHER ASSETS	\$ 500 2,398	\$	500		
TOTAL	\$ 2,898	\$	500		

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description	E	Beginning of Year				
DEPOSITS	\$	3,632	\$	2,523		
TOTAL	\$	3,632	\$	2,523		

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT

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Federal Statements

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Statement 5 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of Property

THE SCHOOL LEASES THE BUILDING FROM OFFICER MARY UNTIEDT.
THE LEASE PAYMENTS WERE SET AT FAIR MARKET VALUE AS DETERMINED BY INDEPENDENT APPRAISAL.

Statement 6 - Schedule A, Part III, Line 2c - Furnishing Goods, Services, or Facilities

STAFF ARE ENTITLED TO DISCOUNTS ON TUITION AND MATERIALS FEES FOR THEIR CHILDREN.

Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

SEE PART V FORM 990

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 Federal Statements

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Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

POLICY IS STATED ON BROCHURES
POLICY IS PUBLISHED IN THE NEWPAPER ONCE A YEAR.

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT
95-4723204 Federal Asset Report

FYE: 12/31/2003

Form 990, Page 1

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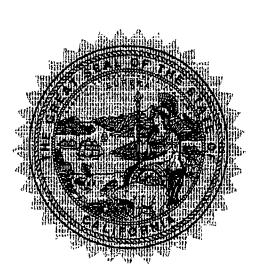
Page 1

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec Sec 179168(k)	Basis for Depr	Per	Conv Meth	<u>Prior</u>	Current
<u>5-year (</u> 37 P	GDS Property: PRINTER HP OFFICE JET	8/27/03	587 587		x	293 293	5	MQ200DB	0	338
35 C 36 S	GDS Property: CELL PHONE SIGNS CHAIRS	4/01/03 8/27/03 10/24/03	162 589 1,080 1,831		X X X	113 294 540 947	7 7 7	MQ200DB	0 0 0 0	69 326 559 954
2 L 3 M 4 C 5 F 6 E 7 N 8 F 10 C 11 E 12 F 13 M 14 C 15 V 16 17 E 18 T 19 V 20 F 21 T 22 P 24 C 25 C 27 E 28 F 29 E 30 M 31 E 31 E 32 F 33 P	ACRS: Leasehold improvements Leasehold Improvements Ausical Instruments Computer Lurniture BELLS MUSIC SYSTEM RIG & STOVE LURNITURE COMPUTER COMPUTER MUSICAL INTRUMENTS COMPUTERS MUSICAL INTRUMENTS COMPUTERS MUSICAL INTRUMENTS COMPUTERS MUSICAL INTRUMENTS COMPUTERS MUSICAL INTRUMENTS COMPUTER MUSICAL INTRUMENTS COMPUTER MATING AREA COVER MEEPHONE MAX MUSICAL INTRUMENTS MOMPUTER MATING AREA COVER MEEPHONE MAX MUSICAL INTRUMENTS MOMPUTER MATING AREA COVER MEEPHONE MAX MUSICAL INTRUMENTS MOMPUTER MATING AREA COVER MEEPHONE MATING CABINETS MOMPUTER MADIO MIDOE EQUIP MUSICAL CABINETS MONITOR MIGITAL CAMERA MEATER MICNIC TABLE MESKS - STUDENT	8/01/99 11/01/99 9/01/99 9/01/99 8/01/99 8/01/99 8/01/99 8/01/99 6/15/00 6/15/00 6/15/00 2/14/01 5/01/01 6/01/01 10/01/01 11/15/0	19,345 17,345 411 4,557 1,346 884 675 422 1,149 2,050 4,518 2,266 2,899 2,485 2,771 682 160 210 273 430 336 166 412 65 3,302 95 1,009 576 1,222 760 944 38 1,688 748 76,239		X X X X X X X X	19,345 17,345 411 4,557 1,346 884 675 422 1,149 2,050 4,518 2,266 2,899 2,485 2,771 682 160 147 191 301 235 116 288 45 2,311 95 1,009 576 856 651 755 30 1,447 641 73,659	275575577557775555755777777557	HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB MY 200DB MQ 200DB	2,374 1,971 340 3,770 925 731 558 290 790 1,460 2,542 1,275 1,631 1,516 1,524 375 66 103 99 134 144 71 177 28 1,420 39 417 238 380 109 189 8 241 107 26,042	704 631 48 525 120 102 78 38 103 236 565 283 362 388 499 123 27 43 50 84 77 38 94 15 753 16 169 97 241 186 302 12 414 183 7,606
	Grand Totals Less: Dispositions		78,657 0			74,899 0			26,042 0	8,898 0
	Net Grand Totals	-	78,657			74,899			26,042	8,898



I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of ____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 0 6 2003

Secretary of State

A0602432

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

 $\rightarrow \rightarrow \rightarrow G \& J$

SEP 1 5 2003

KEVIN SHELLEY Secretary of State

CERTIFICATE OF AMENDMENT

OF

ARTICLES OF INCORPORATION

Mary Shuttleworth and John McQuilling certify that:

- 1. They are the president and the secretary, respectively, of MARY'S SCHOOLHOUSE, a California nonprofit public benefit corporation.
- 2. Article One of the Articles of Incorporation of this corporation is amended to read as follows:

The name of the corporation is: SHUTTLEWORTH LEADERSHIP SOCIETY INTERNATIONAL

- 3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
- 4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: 8 22 200ろ

Mary Shuttleworth, President

John McQuilling, Secretary



nttleworth