

Form **990**

OMB No 1545-0047

# 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)

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>SHUTTLEWORTH LEADERSHIP SOCIETY INT</b>		<b>D Employer identification no.</b> <b>95-4723204</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1334 L. RON HUBBARD WAY</b>		<b>E Telephone number</b> <b>323-660-8732</b>
		City or town, state or country, and ZIP + 4 <b>LOS ANGELES CA 90027</b>		<b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?  Yes  No (If "No," att a list See instr)

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 **300,318**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a		3,569	
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <b>3,569</b> noncash \$ )				1d <b>3,569</b>
2	Program service revenue including government fees and contracts (from Part VII, line 93)				2 <b>296,749</b>
3	Membership dues and assessments				3
4	Interest on savings and temporary cash investments				4
5	Dividends and interest from securities				5
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)				6c
7	Other investment income (describe )				7
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	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 <b>300,318</b>
13	Program services (from line 44, column (B))				13 <b>263,827</b>
14	Management and general (from line 44, column (C))				14 <b>36,264</b>
15	Fundraising (from line 44, column (D))				15 <b>904</b>
16	Payments to affiliates (attach schedule)				16
17	Total expenses (add lines 16 and 44, column (A))				17 <b>300,995</b>
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18 <b>-677</b>
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 <b>48,447</b>
20	Other changes in net assets or fund balances (attach explanation)				20
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 <b>47,770</b>

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SHUTTLEWORTH LEADERSHIP SOCIETY INT

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18

**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 charitable trusts but optional for others (See page 22 of the instructions.)

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 \$ _____ non-cash \$ _____ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25	29,000	29,000	
26	Other salaries and wages	26	160,173	160,173	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	500	500	
32	Legal fees	32	371	371	
33	Supplies	33	40,829	40,829	
34	Telephone	34	6,185	3,185	3,000
35	Postage and shipping	35	2,962	2,962	
36	Occupancy	36	11,958	11,958	
37	Equipment rental and maintenance	37	1,479	1,479	
38	Printing and publications	38	1,848	1,000	848
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	602	602	
42	Depreciation, depletion, etc. (attach schedule)	42	14,257	14,257	
43	Other expenses not covered above (itemize): a	43a			
	b SEE STATEMENT 1	43b	30,831	27,984	1,943
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	300,995	263,827	36,264

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** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)
<p><b>EDUCATION</b></p> <p>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.)</p> <p>a <b>AN EXPANDING SCHOOL WHICH PRODUCED LITERATE AND COMPETENT CHILDREN. APPROXIMATELY 60-65 CHILDREN ATTEND THE SCHOOL.</b></p> <p>(Grants and allocations \$ _____ )</p>	263,827
<p>b <b>FREE LITERACY PROGRAM FOR THE COMMUNITY.</b></p> <p>(Grants and allocations \$ _____ )</p>	
<p>c</p> <p>(Grants and allocations \$ _____ )</p>	
<p>d</p> <p>(Grants and allocations \$ _____ )</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ )</p>	
<p>f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)</p>	263,827

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

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A)		(B)
				Beginning of year		End of year
45 Cash-non-interest-bearing				8,361	45	
46 Savings and temporary cash investments					46	
47a Accounts receivable				47a		
b Less: allowance for doubtful accounts				47b	47c	
48a Pledges receivable				48a		
b Less: allowance for doubtful accounts				48b	48c	
49 Grants receivable					49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)					50	
51a Other notes and loans receivable (attach schedule)				51a		
b Less: allowance for doubtful accounts				51b	51c	
52 Inventories for sale or use					52	
53 Prepaid expenses and deferred charges					53	
54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV					54	
55a Investments-land, buildings, and equipment: basis				55a		
b Less: accumulated depreciation (attach schedule)				55b	55c	
56 Investments-other (attach schedule)					56	
57a Land, buildings, and equipment: basis				57a	92,886	
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 2</b>				57b	41,963	
58 Other assets (describe <b>SEE STATEMENT 3</b> )					500	58
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)				53,800	59	57,115
60 Accounts payable and accrued expenses					19	60
61 Grants payable					61	
62 Deferred revenue					62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)					63	
64a Tax-exempt bond liabilities (attach schedule)					64a	
b Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>					2,811	64b
65 Other liabilities (describe <b>SEE STATEMENT 4</b> )					2,523	65
66 <b>Total liabilities</b> (add lines 60 through 65)				5,353	66	9,345
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>						
67 Unrestricted				48,447	67	47,770
68 Temporarily restricted					68	
69 Permanently restricted					69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>						
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)				48,447	73	47,770
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)				53,800	74	57,115

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 Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>N/A</b>	<b>a</b>	<b>N/A</b>	<b>a</b>
<b>a</b> Total revenue, gains, and other support per audited financial statements ▶		<b>a</b> Total expenses and losses per audited financial statements ▶	
<b>b</b> Amounts included on line a but not on line 12, Form 990:		<b>b</b> Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
\$		\$	
Add amounts on lines (1) through (4) ▶	<b>b</b>	Add amounts on lines (1) through (4) ▶	<b>b</b>
<b>c</b> Line a minus line b ▶	<b>c</b>	<b>c</b> Line a minus line b ▶	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a:		<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):		(2) Other (specify):	
\$		\$	
Add amounts on lines (1) and (2) ▶	<b>d</b>	Add amounts on lines (1) and (2) ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARY UNTIEDT 1334 L. RON HUBB LOS ANGELE	PRESIDENT	0	0	0
POLLY MATHERS 535 E WINDOSR RD, GLENDALE, CA	LEAD TEACHER	24,923	0	0
JOHN MCQUILLING 444 W. LEXINGTON DR GLENDALE, CA	DIRECTOR	0	0	0
WILLIAM TRUAX 249 N. BRAND BL #316 GLENDALE, CA	DIRECTOR	0	0	0
MEGAN SHIELDS 5336 FOUNTIAN AVE LOS ANGELES, CA	DIRECTOR	0	0	0
BRAD BERNSTEIN 2950 LOS FELIZ B LOS ANGELE	DIRECTOR	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule-see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	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.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	N/A
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
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 quid 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 or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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 year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 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: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
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
c	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		0
90a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	11
91	The books are in care of <input type="checkbox"/> Located at <input type="checkbox"/>		
	Telephone no. <input type="checkbox"/> ZIP + 4 <input type="checkbox"/>		
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 <input type="checkbox"/>	92	

**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 sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>TUITION &amp; MATERIALS FEES</b>					<b>245,305</b>
b <b>FIELDTRIP, CLUB FEES</b>					<b>51,444</b>
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					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	<b>296,749</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>296,749</b>

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	<b>TUITION INCOME IS PAYMENT FOR EDUCATING THE STUDENTS. PARENTS ALSO PAY FOR STUDY MATERIALS AND SUPPLIES.</b>
93B	<b>PARENT'S PAYMENTS FOR FIELDTRIP ENTRANCE FEES, LATE FEES PARTICIPATION IN AFTER-SCHOOL CLUBS.</b>

**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).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Mary Shuttleworth* Date: **114 OCT 05**

Type or print name and title: **MARY SHUTTLEWORTH PRESIDENT**

Paid Preparer's Use Only

Preparer's signature: *John Self* Date: **10/10/05** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **GREENBERG AND JACKSON CPAS  
2441 HONOLULU AVENUE SUITE 120  
MONTROSE, CA 91020-1864**

Preparer's SSN or PTIN (See Gen Instr W): **P00057624**

EIN: **95-3387333** Phone no: **818-249-3230**

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

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2004**

**Supplementary Information-(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**SHUTTLEWORTH LEADERSHIP SOCIETY INT**

**95-4723204**

**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 empl ben plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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.) 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.	1	X
<b>2</b> 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.)		
a Sale, exchange, or leasing of property? <b>SEE STATEMENT 5</b>	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities? <b>SEE STATEMENT 6</b>	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 7</b>	2d	X
e Transfer of any part of its income or assets?	2e	X
<b>3a</b> 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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**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 5 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.

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(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					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	
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 2000 through 2003 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>	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	<b>26c</b>	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	<b>26d</b>	
e Public support (line 26c minus line 26d total)	▶	<b>26e</b>	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	<b>26f</b>	%

**27 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: N/A

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

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: N/A

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	<b>27c</b>	
d Add: Line 27a total _____ and line 27b total _____	▶	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	▶	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶	<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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)**

	Yes	No
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? .....	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? .....	X	
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <b>POLICY IS STATED ON BROCHURES</b> <b>POLICY IS PUBLISHED IN THE NEWSPAPER ONCE A YEAR.</b>	X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
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? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) .....		
34a Does the organization receive any financial aid or assistance from a governmental agency? .....		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
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	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 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.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with columns Yes and No, and rows for 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Form **4562**

## Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property)

**2004**

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**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29		
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8		9
<b>10</b> Carryover of disallowed deduction from line 13 of your 2003 Form 4562		10
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
<b>13</b> Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12		13

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instructions)	14	7,117
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	5,929
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		3,430	5.0	HY	200DB	685
<b>c</b> 7-year property		3,682	7.0	HY	200DB	526
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L
<b>b</b> 12-year			12 yrs.		S/L
<b>c</b> 40-year			40 yrs.	MM	S/L

**Part IV Summary (see page 8 of the instructions)**

21 Listed property. Enter amount from line 28	21	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	14,257
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)

**SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204**

Form 4562 (2004)

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 9 of the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 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 8 of the instructions)								25
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):								
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
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.

30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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 use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 10 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 10 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 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**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):						
43 Amortization of costs that began before your 2004 tax year					43	0
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report					44	

Forms  
**990 / 990-PF**

**Mortgages and Other Notes Payable**

**2004**

For calendar year 2004, or tax year beginning , and ending

Name **SHUTTLEWORTH LEADERSHIP SOCIETY INT** Employer Identification Number **95-4723204**

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>MARY SHUTTLEWORTH</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>2,811</b>	<b>6/15/03</b>	<b>12/31/04</b>	<b>DUE IN ONE YEAR</b>	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	<b>MEET SHORT TERM CASH NEEDS OF SCHOOL</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>2,811</b>	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>2,811</b>	

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING - FOR STUDENTS	904			904
MILEAGE - EMPLOYEES	119		119	
BANK CHARGES	424		424	
DONATIONS TO UNICEF	1,824	1,824		
FIELD TRIP EXPENSES	12,242	12,242		
INSURANCE	7,015	5,615	1,400	
PERMITS	379	379		
MEMBERSHIPS	495	495		
STAFF TRAINING	43	43		
INDEPENDENT CONTRACTORS	7,386	7,386		
TOTAL	\$ 30,831	\$ 27,984	\$ 1,943	\$ 904



**Federal Statements****Statement 2 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
TOTAL	\$ 78,657	\$ 33,718	\$ 92,886	\$ 41,963
	\$ 78,657	\$ 33,718	\$ 92,886	\$ 41,963

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

Description	Beginning of Year	End of Year
DEPOSIT	\$ 500	\$ 500
OTHER ASSETS		5,692
TOTAL	\$ 500	\$ 6,192

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

Description	Beginning of Year	End of Year
DEPOSITS	\$ 2,523	\$ 1,617
SHORT TERM LIAB.		7,728
TOTAL	\$ 2,523	\$ 9,345

**Federal Statements****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

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

POLICY IS STATED ON BROCHURES

POLICY IS PUBLISHED IN THE NEWSPAPER ONCE A YEAR.

95-4723204

## Federal Asset Report

FYE: 12/31/2004

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
39	COMPUTER	5/21/04	3,637			X	1,818	5	HY 200DB	0	2,182
40	COMPUTER	4/01/04	903			X	451	5	HY 200DB	0	542
41	COMPUTER	9/17/04	1,001			X	500	5	HY 200DB	0	601
44	COMPUTER	4/09/04	1,323			X	661	5	HY 200DB	0	794
			<u>6,864</u>				<u>3,430</u>			<u>0</u>	<u>4,119</u>
<b>7-year GDS Property:</b>											
42	CLASS ROOM EQUIP	2/21/04	6,532			X	3,266	7	HY 200DB	0	3,733
43	DIGITAL CAMERA	3/12/04	779			X	389	7	HY 200DB	0	445
45	FILING CABINATE	5/14/04	54			X	27	7	HY 200DB	0	31
			<u>7,365</u>				<u>3,682</u>			<u>0</u>	<u>4,209</u>
<b>Prior MACRS:</b>											
1	Leasehold improvements	8/01/99	19,345				19,345	27	MMS/L	3,078	703
2	Leasehold Improvements	11/01/99	17,345				17,345	27	MMS/L	2,602	630
3	Musical Instruments	9/01/99	411				411	5	HY 200DB	388	23
4	Computer	9/01/99	4,557				4,557	5	HY 200DB	4,295	262
5	Furniture	8/01/99	1,346				1,346	7	HY 200DB	1,045	120
6	BELLS	8/01/99	884				884	5	HY 200DB	833	51
7	MUSIC SYSTEM	8/01/99	675				675	5	HY 200DB	636	39
8	FRIG & STOVE	8/01/99	422				422	7	HY 200DB	328	38
9	FURNITURE	9/01/99	1,149				1,149	7	HY 200DB	893	102
10	COMPUTER	6/15/00	2,050				2,050	5	HY 200DB	1,696	236
11	EQUIPMENT	6/15/00	4,518				4,518	7	HY 200DB	3,107	403
12	FURNITURE	6/15/00	2,266				2,266	7	HY 200DB	1,558	202
13	MUSICAL INSTRUMENTS	6/15/00	2,899				2,899	7	HY 200DB	1,993	259
14	COMPUTERS	2/14/01	2,485				2,485	5	MQ200DB	1,904	273
15	VIDEO CAMERA	5/01/01	2,771				2,771	5	MQ200DB	2,023	315
16	COMPUTER	6/01/01	682				682	5	MQ200DB	498	77
17	EATING AREA COVER	6/01/01	160				160	7	MQ200DB	93	19
18	TELEPHONE	9/14/01	210			X	147	5	MQ200DB	146	26
19	VACUUM	9/14/01	273			X	191	7	MQ200DB	149	35
20	FAX	10/01/01	430			X	301	7	MQ200DB	218	61
21	TV	11/15/01	336			X	235	5	MQ200DB	221	46
22	PHONE	11/15/01	166			X	116	5	MQ200DB	109	23
23	COMPUTER	11/15/01	412			X	288	5	MQ200DB	271	56
24	RADIO	11/15/01	65			X	45	5	MQ200DB	43	9
25	VIDOE EQUIP	12/13/01	3,302			X	2,311	5	MQ200DB	2,173	451
26	CURTAINS	5/01/01	95				95	7	MQ200DB	55	12
27	DESKS	6/01/01	1,009				1,009	7	MQ200DB	586	121
28	FILING CABINETS	6/01/01	576				576	7	MQ200DB	335	69
29	DESKS	12/13/01	1,222			X	856	7	MQ200DB	621	171
30	MONITOR	5/30/02	760			X	532	7	HY 200DB	295	133
31	DIGITAL CAMERA	6/28/02	944			X	661	5	HY 200DB	491	181
32	HEATER	2/01/02	38			X	27	5	HY 200DB	20	7
33	PICNIC TABLE	4/01/02	1,688			X	1,182	7	HY 200DB	655	295
34	DESKS - STUDENT	5/02/02	748			X	524	7	HY 200DB	290	131
35	CELL PHONE	4/01/03	162			X	113	7	MQ200DB	69	27
36	SIGNS	8/27/03	589			X	294	7	MQ200DB	326	75
37	PRINTER HP OFFICE JET	8/27/03	587			X	293	5	MQ200DB	338	99
38	CHAIRS	10/24/03	1,080			X	540	7	MQ200DB	559	149
			<u>78,657</u>				<u>74,301</u>			<u>34,940</u>	<u>5,929</u>
<b>Grand Totals</b>			92,886				81,413			34,940	14,257
<b>Less: Dispositions</b>			0				0			0	0
<b>Net Grand Totals</b>			<u>92,886</u>				<u>81,413</u>			<u>34,940</u>	<u>14,257</u>