$\mathsf{Form} \, \smallsetminus \, 990$

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2004

á,

Department of the Treasury

Open to Public

Intern		renue Service		organization may have to use a copy of this r	eturn to satisfy	state reporting	g requirements	<u>.</u>	Inspection
-	A F	or the 2004 calendar	r year, or	tax year beginning	, 2	004, and endi	ng		, 20
-	B c	Check if applicable	Please	C Name of organization			D Employer identif	ication	number
[A	Address change	use IRS label or	DELPHI ACADEMY OF BOX	STON, II	NC.	04-26	599	036
[] N	lame change	print or	Number and street (or P O box if mail is not delivered	to street address)	Room/suit	e E Telephone numb)er	
[lr	nitial retum	type See	564 BLUE HILL AVENUE			(617)	33	3-9610
[] F	inal return	Specific Instruc-	City or town, state or country, and ZiP + 4			F Accounting meth	od:	Cash X Accrual
(Amended return	tions	MILTON, MA 02186			Other (specify	y) 🕨	•
(_ A	Application pending	Section	501(c)(3) organizations and 4947(a)(1) nonexampt chant	able H	and I are not apple	cable to section 527 orga	anızatıç	ns
			trusts n	nust attach a completed Schedule A (Form 990 or 990-EZ).	(a) Is this a group	return for affiliates?		Yes X No
					н	(b) If "Yes," enter	number of affiliates		>
G We	bsite:	► N/A			н	(c) Are all affiliate	s included?		Yes X No
J On	ganıza	tion type (check only one)	•	X 501(c) (3) ◀ (insert no) 4947(a)(1) o	527	(if "No," attach	a list. See instructions.)		
K Ch	eck he	ere If the orga		ross receipts are normally not more than \$25,000 The			ate return filed by an overed by a group ruling	?	Yes X No
orc	anızat		_	t if the organization received a Form 990 Package					
-		al, it should file a return withou		•			X if the organizatio	n is n	ot required
		ceipts Add lines 6b, 8b, 9b, a		1 504 040		_	ch. B (Form 990, 99		•
Pa				and Changes in Net Assets or F	und Balan				
ت ا	1			d similar amounts received		\- \- \- \- \- \- \- \- \- \- \- \-	3- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		
	a			····		1a	32,346		
	Ь						35,100		
	c			nts)			- 33,100	-	
2	d			•				1d	67,446
3	,	•	•	iding government fees and contracts (from Pa		_'		2	1,632,745
	3	-					i-	3	1,032,743
AUN 25	A	 Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities 							7,204
									11,881
₹	_	_				1 2 1		5	11,001
	6a	6a Gross rents 6a b Less rental expenses 6b							
						·		6c	
<u>.</u>	_C			ss) (subtract line 6b from line 6a)					15 064
3"	7		•				(B) O4	7	15,064
R S S S S	оa	Gross amount from s			(A) Securitie	+ +	(B) Other		
て。		•				8a		:	
u	D			sales expenses		8b		:	
8	С			e)		8c			
	d	• , ,,		e 8c, columns (A) and (B))				8d	
	3	•	•	attach schedule). If any amount is from gami i	ng, check here	▶ ∐		:	
	а	Gross revenue (not in	-	·		1 - 1	1		
				la)					
	ь			an fundraising expenses				•	
	C	· · · · · · · · · · · · · · · · · · ·	-	cial events (subtract line 9b from line 9a)				9c	
	10a			returns and allowances					
	b								
	С			es of inventory (attach schedule) (subtract line			F	10c	
	11	· · · · · · · · · · · · · · · · · · ·		ine 103)			,	11	
	12	Total revenue (add	lines 1d,	2, 3, 4, 5, 6c 7, 8d, 9c, 10c, and 11)			<u></u>	12	1,734,340
E	13	Pregram services (III)	NV#TY	1, column (B))				13	1,426,054
P	14							14	141,931
n	15	Fundraising (from line	e 44, colu	mr (8)				15	10,650
s e	16			chegue)				16	
s	17			and 44 column (A))				_17	1,578,635
N e t	18	Excess or (deficit) to	the year	(subtract line 17 from line 12)				18	155,705
Α	19	Ne assets divine be	alances a	beginning of year (from line 73, column (A))			[19	1,051,679
S	20			r fund balances (attach explanation)				20	
ě	21	Net assets or fund ba	alances a	t end of year (combine lines 18, 19, and 20)				21	1,207,384

Pa	Statement of All organizations must con Functional Expenses and section 4947(a)(1) nor	nplete co nexempt	olumn (A) Columns (B), (C) charitable trusts but options), and (D) are required for s al for others (See page 22	ection 501(c)(3) and (4) or of the instructions)	ganizations
	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)	ļ		30111003	mana general	
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	•		122 160	0	122 160	
	Compensation of officers, directors, etc.	25	132,160		132,160	
26	Other salaries and wages	26	661,983	661,983		0
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	58,711	48,940	9,771	0
30	Professional fundraising fees	30				
31	Accounting fees	31	4,069		0	_
32	Legal fees	32	14,058	14,058	0	
33	Supplies	33	3,487	3,487	0	0
34	Telephone	34	4,319	4,319	0	0
35	Postage and shipping	35	4,723	4,723	0	Ö
36	Occupancy	36	170,338	170,338	0	0
37	Equipment rental and maintenance	37	1,462	1,462	0	0
38	Printing and publications	38		•		
39	Travel	39	3,477	3,477	0	0
40	Conferences, conventions, and meetings	40	,			· - · -
41	Interest	41	1,142	1,142	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	36,231	36,231		
43	Other expenses not covered above (itemize) a SEE STMT	43a	172,095	172,095	0	0
Ъ		43b	185,159		0	
•	DUES & LICENSES	43c			0	
ں ۔	FUNDRAISING EXPENSES		8,291	8,291 0		
	_ · · · · · · · · · · · · · · · · · · ·	43d	10,650		. 0	
	ADVERTISING	43e	106,280	106,280	0	0
44	Total functional expenses (add lines 22 through 43) Organizations					
	completing columns (B)-(D), carry these totals to lines 13-15	44	[1,5/8,635]	1,426,054	141,931	10,650
	t Costs. Check ▶ ☐ if you are following SOP 98-2.			4.		
	any joint costs from a combined educational campaign and fundi			_		. 🕨 🗌 Yes 🗓 No
	es," enter (i) the aggregate amount of these joint costs \$			unt allocated to Prog		;
	the amount allocated to Management and general \$, and (iv) the amount			
	rt III Statement of Program Service Accomp			5 of the instructions.)		
Wha	it is the organization's primary exempt purpose? - PRIVA	TE	SCHOOL			Program Service
All o	rganizations must describe their exempt purpose achievements	in a clo	ear and concise manr	ner. State the numbe	r (B	Expenses equired for 501(c)(3) and
of cli	ents served, publications issued, etc. Discuss achievements th	at are	not measurable. (Sec	ction 501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
orga	nizations and 4947(a)(1) nonexempt charitable trusts must also	enter t	he amount of grants a	and allocations to oth	ers.)	trusts, but optional for others)
a	DELPHI ACADEMY OF BOSTON, INC.	, A	MASSACHUS	ETTS		
	NONPROFIT CORPORATION, IS ORGA					
	EDUCATIONAL AND CHARITABLE PUR	POS	ES. SEE AT'	TACHMENT		
	(Grants and al			0	,	1,426,054
Ь						
	(Grants and al	llocatio	ons S		,	
_	(Status and a	iioodiio	. то ф			
-						
	(Crosts and a)	11			,	
ر	(Grants and al	iiocatic	(C)			
a						
					İ	
	(Grants and a)	
	Other program services (attach schedule) (Grants and al)	
f	Total of Program Service Expenses (should equal line 44, co	olumn ((B), Program services	s) <u></u>	<u>.</u>	1,426,054

1, 1

Pa	rt IV	Balance Sheets (See page 25 of the instructions)								
	Note:	Where required, attached schedules and amounts within the	cription	(A)		(B)				
		column should be for end-of-year amounts only.			Beginning of year		End of year			
	45	Cash - non-interest-bearing			76,329	45	64,813			
	46	Savings and temporary cash investments		⊢	702,613	46	881,731			
		0		<u> </u>						
	47 a	Accounts receivable	47a	930						
	1	Less: allowance for doubtful accounts			14,640	47c	930			
	_				11/010					
	AR a	Pledges receivable	482							
	i	Less allowance for doubtful accounts	 			48c				
	49	Grants receivable				49				
	50					43				
	30	Receivables from officers, directors, trustees, and key emilier (attach schedule)	-	i i		50				
Α	E1 a	•				50				
	J 1 a	Other notes and loans receivable (attach schedule)	=4=							
s										
S		Less allowance for doubtful accounts				51c				
e	52	Inventories for sale or use				52 53				
	53	Prepaid expenses and deferred charges					<u> </u>			
5	54	Investments - securities (attach schedule)	•	• ☐ Cost ☐ FMV		54				
	55 a	Investments - land, buildings, and								
		equipment basis	55a							
	P	Less accumulated depreciation (attach	<u></u> .							
		schedule)	$\overline{}$		010 664	55c	0.40 600			
	56	Investments - other (attach schedule)		<u></u>	213,664	56	240,609			
		Land, buildings, and equipment basis	57a	693,753						
	b	Less: accumulated depreciation (attach	\	255 221	000 510		24.6 450			
		schedule)	$\overline{}$		322,518	57c	316,472			
	58	Other assets (describe		58	· . · ·					
					1 200 764		1 504 555			
	59	Total assets (add lines 45 through 58) (must equal line 74			1,329,764	59	1,504,555			
L	60	Accounts payable and accrued expenses		F	4,780	60	15,281			
į	61	Grants payable		F	272 205	61	201 000			
a b	62	Deferred revenue		F	273,305	62	281,890			
i	63	Loans from officers, directors, trustees, and key employee								
1		schedule)		<u> </u>	 	63	 -			
İ	1	Tax-exempt bond liabilities (attach schedule)			 .	64a 64b	· · · · · · · · · · · · · · · · · · ·			
i		Mortgages and other notes payable (attach schedule)	• • • •			65 65				
е	65	Other liabilities (describe		·' }		69				
s	66	Total liabilities (add lines CO through CE)			278,085	66	297,171			
				complete lines	270,005	- 00	291,111			
	Oigo	67 through 69 and lines 73 and 74.	and	complete lines						
	67	Unrestricted			1,051,679	67	1,207,384			
N F	68	Temporarily restricted			1,031,075	68	1,201,304			
e u	69	Permanently restricted			- ,	69				
d	ł .	anizations that do not follow SFAS 117, check here ▶		and		03				
A S B	j	complete lines 70 through 74.	ı	ال المال						
s a	70	Capital stock, trust principal, or current funds		70						
e	71	Paid-in or capital surplus, or land, building, and equipment		71						
a	72	Retained earnings, endowment, accumulated income, or or		72	 					
C	73	Total net assets or fund balances (add lines 67 through								
o e rs	, 3	70 through 72,								
		column (A) must equal line 19; column (B) must equal line	1,051,679	73	1,207,384					
	74	Total liabilities and net assets / fund balances (add lin			1,329,764	74	1,504,555			

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.

	990 (2004) DELPHI ACADEMY (IV-B	Reconciliation		9036 Page 4
4 584	Financial Statements w					Financial State		
	Return (See page 27 of the in					Return	ments with E	kpenses per
	Total revenue, gains, and other support	13000		а		nses and losses per		
	per audited financial statements ▶	a	1,734,34	1	•	ancial statements	ī	1,578,635
ь	Amounts included on line a but not on			ь		cluded on line a but	· · · · · ·	1
	line 12, Form 990				on line 17,			
(1)	Net unrealized gains		:	(1) Donated se		İ	
	on investments \$	† :				facilities . \$		
(2)	Donated services			(2) Prior year a	adjustments		
	and use of facilities . \$				reported or	•		
(3)	Recoveries of prior				•	\$		
	year grants \$			(3) Losses rep			
(4)	Other (specify)				line 20, For	m 990 \$		
				(4) Other (spec	cify)		
	\$		Ē					
	Add amounts on lines (1) through (4) . >	Ь		Í		<u> </u>		
				7	Add amour	nts on lines (1) throu	gh (4) . ▶ b	
С	Line a minus line \mathbf{b} \blacktriangleright	С	1,734,34	0 c	Line a mını	us line b	▶ с	1,578,635
d	Amounts included on line 12,			d	Amounts in	icluded on line 17,		
	Form 990 but not on line a:		ŧ		Form 990 b	out not on line a:		
(1)	Investment expenses			(1) Investment	expenses		
	not included on line				not include	d on line		
	6b, Form 990 · · · · \$				6b, Form 9	90 \$		
(2)	Other (specify)			(2) Other (spec	cify):		
	\$					\$		
	Add amounts on lines (1) and (2) ▶	d			A dd a	nts on lines (1) and (•\ . •	
e								
	Total revenue per line 12, Form 990			e	Total exper	nses per line 17, For	m 990	
	(line c plus line d) ▶			0	Total exper	nses per line 17, For line d)	m 990 ▶ e	1,578,635
Par	(line c plus line d) ▶ t V List of Officers, Directors,			0	Total exper	nses per line 17, For line d)	m 990 ▶ e	1,578,635 d, see page 27 of
Par	(line c plus line d) ▶		stees, and I	0 (ey En	Total exper (line c plus nployees (nses per line 17, For line d) List each one even	m 990▶ e If not compensated (D) Contributions to	d, see page 27 of
Par	(line c plus line d) ▶ t V List of Officers, Directors,		stees, and h	(ey En	Total exper (line c plus nployees (nses per line 17, For line d) List each one even (C) Compensation (If not pand, enter	m 990 ▶ e If not compensated (D) Contributions to amployee benefit	(E) Expense account and other
	(line c plus line d) ▶ t V List of Officers, Directors, the instructions) (A) Name and address		stees, and h	(ey En	Total exper (line c plus nployees (ge hours per o position	nses per line 17, For line d) List each one even	m 990▶ e If not compensated (D) Contributions to	d, see page 27 of
PHY	(line c plus line d)		stees, and h	(ey En	Total exper (line c plus nployees (ge hours per o position ER	nses per line 17, For line d) List each one even (C) Compensation (If not pand, enter -0)	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAI	(line c plus line d)		(B) Title wee	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40	nses per line 17, For line d) List each one even (C) Compensation (If not pand, enter	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF	(line c plus line d)		(B) Title wee	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY	(C) Compensation (If not pand, enter 0.)	m 990 f not compensated CO) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF	(line c plus line d)		(B) Title wee TRE	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46	nses per line 17, For line d) List each one even (C) Compensation (If not pand, enter -0)	m 990 f not compensated CO) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF RAN BAF	(line c plus line d)		(B) Title wee TRE	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT	(C) Compensation (ff not pand, enter -0) 33,850	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF RAN BAF STO	(line c plus line d)		(B) Title wee TRE VP/	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47	(C) Compensation (If not pand, enter 0.)	m 990 f not compensated CO) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF RAN BAF STO	(line c plus line d)		(B) Title wee TRE VP/	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47	(C) Compensation (If not pand, enter 0) 33,850 39,665	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF RAN BAF STO ELI	(line c plus line d)		TRE VP/ PRE	olevated to ASUR SECR SIDE	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R	(C) Compensation (ff not pand, enter -0) 33,850	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF RAN BAF STO ELI SYI	(Inne c plus line d)		TRE VP/ PRE	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0	(C) Compensation (ff not pand, enter -0) 33,850 39,665	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHY RAN COF RAN BAF STO ELI SYI COF RAN	(line c plus line d)		TRE VP/ PRE DIF	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R	(C) Compensation (If not pand, enter 0) 33,850 39,665	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C)
PHY RAN COF RAN BAF STO ELI SYI COF RAN PHY	(Inne c plus line d)		TRE VP/ PRE DIF	olevated to ASUR SECR SIDE	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R	(C) Compensation (ff not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STC ELI SYI COF RAN PHY RAN	(line c plus line d)		TRE VP/ PRE DIF	(ey En end average devoted to ASUR ECTO ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (ff not pand, enter -0) 33,850 39,665	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)		TRE VP/ PRE DIF	(ey En	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (ff not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)		TRE VP/ PRE DIF	(ey En end average devoted to ASUR ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (If not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)		TRE VP/ PRE DIF	(ey En end average devoted to ASUR ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (If not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)		TRE VP/ PRE DIF	(ey En end average devoted to ASUR ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (If not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)		TRE VP/ PRE DIF	(ey En end average devoted to ASUR ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (If not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN BAF STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)		TRE VP/ PRE DIF	(ey En end average devoted to ASUR ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40	(C) Compensation (If not pand, enter -0) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)
PHY RAN COF RAN STO ELLI SYI COF RAN PHY RAN BAF	(line c plus line d)	Tru	stees, and in the stees, and in the stees, and in the stees of the ste	(ey En En And average devoted to ASUR ECTO ECTO ECTO	Total exper (line c plus nployees (ge hours per o position ER 40 ETARY 46 NT 47 R 0 R 46 R 40 R 47	(C) Compensation (frot pard, enter -0-) 33,850 39,665 58,645	m 990 f not compensated (D) Contributions to employee benefit plans & deferred compensation	d, see page 27 of (E) Expense account and other allowances (C) (C) (C)

	990 (2004) DELPHI ACADEMY OF BOSTON, INC.	04-269	903	6 F	age 5
Pa	t 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?		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 or	overed by this return? .	78a		X
Ь	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 "Y	es," attach a statement .	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization	n) through common			
_	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organ	ization?	80a		X
ь	If "Yes," enter the name of the organization				
	and check whether it is exemp	t or nonexempt			
04-		1 1			
81a	Enter direct and indirect political expenditures See line 81 instructions		J !		
ь	Did the organization file Form 1120-POL for this year?		81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at	no charge			1,
	or at substantially less than fair rental value?		82a		X
Ь	If "Voo " you may indicate the value of these stores have De act had also as an				
	If "Yes," you may indicate the value of these items here. Do not include this amount	004			
83a	as revenue in Part I or as an expense in Part II (See instructions in Part III)			X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribution	• •	83a 83b	X	
84a			84a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such continuous conti		044		
_	or gifts were not tax deductible?		84ь		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a		
b	- 14 · · · · · · · · · · · · · · · · · ·		85b		<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the		505		
	received a waiver for proxy tax owed for the prior year.	organization			
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures		1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		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	e following tax year? .	85h		
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 corporate	oration or			
	partnership, or an entity disregarded as separate from the organization under Regulations section				
	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 unde				
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 49]]		
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit tra				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Ye	·			
	a statement explaining each transaction		89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the y				_
	sections 4912, 4955, and 4958	_			0_
d oo-	Enter Amount of tax on line 89c, above, reimbursed by the organization	· · · · · · · · · · · · · · • <u> </u>			
90a	List the states with which a copy of this return is filed ► MASSACHUSETTS	- 	•		
ь ь	Number of employees employed in the pay period that includes March 12, 2004 (See instruction			<u> </u>	
91		Telephone no $\blacktriangleright 617-33$		<u>610</u>	
92		$ZIP+4 \triangleright 02186-261$	L U		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check he	1 == 1	• • •		-
		▶ 92	E	200	(2004)
	EEA EEA		LOW	11 330	(2004)

The state of the state of

Note:	Enter gross amounts unless otherwise		page 33 of the II		n E12 E12 or E14	(E)
indicat	-	(A)	(B)	Excluded by section (C)	(D)	Related or
93	Program service revenue	Business code	Amount	Exclusion code	Amount	exempt function income
а	TUITION & FEES					1,631,631
b	BOOK SALES	611110		03		1,114
С						
d						
е						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agend	cies				
94	Membership dues and assessments					
95	Interest on savings and temporary cash inv	estments				7,204
96	Dividends and interest from securities $\ \cdot \ \cdot$					11,881
97	Net rental income or (loss) from real estate				1	
а	debt-financed property					
Ь	not debt-financed property					
98	Net rental income or (loss) from personal pr					
99	Other investment income	· · · · · · · · · · · · · · · · · · ·				15,064
100	Gain or (loss) from sales of assets other that	-	i 		ļ	<u> </u>
101	Net income or (loss) from special events				ļ	
102	Gross profit or (loss) from sales of inventor	y · · · ·				
103	Other revenue: a					
Ь						
C				 	 	
d					 	
e 104	Subtatal (add aslumas (B) (D) and (E))				 	1,666,894
104 105		·····		<u> </u>	. ▶	1,666,894
	Total (add line 104, columns (B), (D), and une 105 plus line 1d, Part I, should equal the				· •	1,000,004
Part			ent of Even	nt Purnoses	See page 34 of th	e instructions)
Line	······	-,		· · · · · · · · · · · · · · · · · · ·		
VIII V	of the organization's exempt purpose				illy to the accomp	JISTRITECT.
93A	THE EXEMPT ORGANIZA				ER ITS E	XEMPT
	PURPOSE BY PROVIDIN					
		ATIONSHIP OF				·
	ACCOMPLISHMENT OF E				· · · · · · · · · · · · · · · · · · ·	
Part					See page 34 of th	e instructions.)
	(A)	(B)		(c)	(D)	(E)
ľ	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature	of activities	Total income	End-of-year assets
$\overline{N/A}$		%				
		%				
		%				
		%				
Part	X Information Regarding Transfers	Associated with Persona	l Benefit Cont	racts (See page 34	of the instruction	s.)
(a)	Did the organization, during the year, receive any funds	, directly or indirectly, to pay premiu	ms on a personal be	enefit contract?		🗌 Yes 🛚 🖾 No
(b)	Did the organization, during the year, pay p	•	tly, on a person	al benefit contract?		🗌 Yes 🛛 No
Not	e: If "Yes" to (b), file Form 8870 and Form 4					·
	Under penalties of penury, I declare that I have and belief, it was true, correct, and complete. Declare the control of the co					dge
Pleas			2 10 2 11 11 11	- рорг	/_	_
	ormel.	Juky	er_			3-05
Sign	Signature of officer	1/	(1)		Date	
Here	Corrine H. Fe	CKINS VICE	- Tresi	dent		
	Type or print name and title				,	
	Preparer's		Date	Check if) '	TIN (See Gen Inst W)
Paid -	signature		4-27-200	05 employed ►X		13352
Prepar	Firm's name (or yours	BROWN, CFAs'		EIN	<u>▶ 04-2</u>	818385
Use O	and man and 7ID . 4	OOD RD SUITE		Phone no	>	0.4.0 0.50.5
	BRAINT	REE MA	0:	2184	781-	848-0636

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

Supplementary Information -- (See separate instructions.)

2004

OMB No 1545-0047

Department of the Treasury

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization Employer identification number DELPHI ACADEMY OF BOSTON, INC. 04-2699036 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") (d) Contributions to (e) Expense (a) Name and address or each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over 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 (c) Compensation (b) Type of service NONE

Total number of others receiving over \$50,000 for

		HI ACADEMY OF BOSTON, INC. 04-2699	9036		
		A (Form 990 or 990-EZ) 2004	<u> </u>	F	Page 2
Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1		ring the year, has the organization attempted to influence national, state, or local legislation, including any		1	
		empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities The state of the st			
		rt VI-A, or line i of Part VI-B.)	1		Х
		ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other		1	
		anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of		1	
2		lobbying activities		1	
2		ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or		I	
		h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority		1	
		ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the		1	
		nsactions)		1	
a	Sal	le, exchange, or leasing of property?	2a	†	х
b		nding of money or other extension of credit?		 	X
С		rnishing of goods, services, or facilities?		<u> </u>	Х
d	Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Tra	insfer of any part of its income or assets?	2e		X
3 a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	•	u determine that recipients qualify to receive payments)		_	X
		you have a section 403(b) annuity plan for your employees?	<u>3b</u>	 	X
7 4		lyou maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		х
ь		you provide credit counseling, debt management, credit repair, or debt negotiation services?		+	X
	rt I\				
5	oryai	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).			
6	X	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	al's name, ci	ity,	
		and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sectio (Also complete the Support Schedule in Part IV-A)	n 170(b)(1)(A	(IV)	
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general	public. Secti	on	
		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,	-		
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than		اند	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from business the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A	•	J U	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports or	•		
		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)	-		
		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 numb		
			from above	θ	

14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions)

29	(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
	other governing instrument, or in a resolution of its governing body?	29	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	23		
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	Х	1
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		-
31				
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	24	v	
	that makes the policy known to all parts of the general community it serves?	31	X	
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
	THE SCHOOL PUBLISHES THEIR NONDISCRIMINATION POLICY			
	YEARLY IN THE LOCAL NEWSPAPERS.			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory		37	İ
	basis?	32ь	X	_
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	20.	_~	
	with student admissions, programs, and scholarships?	32c	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
	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.			
33	Does the organization discriminate by face in any way with respect to.			
а	Students' rights or privileges?	33a	Ī	X
ь	Admissions policies?	33ь		X
c	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		Х
		22-		v
е	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		Х
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
	if you allowered 165 to any of the above, please explain. (If you need filled space, attach a separate statement)		ŧ	
			Ī	
			1	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	ļ	X
Ь	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement	340	 	† **
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		[
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	X	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expens

Par	(To be completed ONLY by an eligible	_	•	page 9 of the instr	uctions.)	
Chec				ecked "a" and "lim	ted control" pro	visions apply.
	Limits on Lobbyi (The term "expenditures" mean	•			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opin			36		0
37	Total lobbying expenditures to influence a legislative					+
38	Total lobbying expenditures (add lines 36 and 37)			38		0
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines 38 ai	nd 39)		40		0
41	Lobbying nontaxable amount. Enter the amount from	m the following table	-			
		lobbying nontaxab		_		
	Not over \$500,000 20%			I F t		
	Over \$500,000 but not over \$1,000,000 \$100			1 1 1		
	Over \$1,000,000 but not over \$1,500,000 \$175					
	Over \$1,500,000 but not over \$17,000,000 . \$225 Over \$17,000,000 \$1,00					
42	Grassroots nontaxable amount (enter 25% of line 4			<i>—</i> '		
13	Subtract line 42 from line 36. Enter -0- if line 42 is m	•				0
14	Subtract line 41 from line 38 Enter -0- if line 41 is m			⊢ →		
	Caution: If there is an amount on either line 43 or li	ine 44, you must file	Form 4720			
		eraging Period		on 501(h)		
	(Some organizations that made a secti	• •		• •	olumns below.	
	See the instruction	s for lines 45 through	n 50 on page 11 of	the instructions.)	<u> </u>	
		Loi	bbying Expenditu	res During 4-Yea	r Averaging Pe	eriod
	Calendar year (or	(a)	(P)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2004	2003	2002	2001	Total
45	Lobbying nontaxable amount				·····	
16	Lobbying ceiling amount (150% of line 45(e)) .					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
19	Grassroots ceiling amount (150% of line 48(e)) .					
	Gradies of the state of the sta	ļ			••••••••••••	
50	Grassroots lobbying expenditures					
Par	t VI-B Lobbying Activity by Nonele	ecting Public C	harities	l I	<u>.</u> .	\
	(For reporting only by organizations that	at did not complete F	Part VI-A) (See pag	ge 11 of the instruct	ions)	
Durin	g the year, did the organization attempt to influence i	national, state or loc	al legislation, ınclu	ding any	Yes N	o Amount
attem	pt to influence public opinion on a legislative matter o	or referendum, throu	gh the use of.		163	Amount
a	Volunteers			<i></i> .	· _	
b	Paid staff or management (Include compensation in		•	•	·	_
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, governm	=	-			
h i	Rallies, demonstrations, seminars, conventions, spi Total lobbying expenditures (Add lines c through h		-		, , , , , , , , , , , , , , , , , , , 	
•	If "Yes" to any of the above, also attach a statemen				• 1	
	n 165 to any of the above, also attach a statemen	it giving a detailed de	sacribitori oi file ioi	Juying activities		

		,		, 1		•	•	•
Sche				I ACADEMY OF BOST				age 6
1 421	1 V:	ابس		page 11 of the instructions)	ns and Relationships With None	narnar	ie	
51	Did				with any other organization described in se	ction		
	501	(c) of the Code (other tha	n section 501(c)((3) organizations) or in section 527,	relating to political organizations?			
a				noncharitable exempt organization			Yes	No
						51a(i)		X
_						a(ii)		X
b		er transactions				1.0	į	3.7
		•		· =		b(i)		X
				· -		b(iii)	 	X
						b(iv)	 	X
		_				b(v)		X
		•				b(vi)		X
c				<u>-</u>		С		X
d				• • •	mn (b) should always show the fair market	value of t	he	
	goo	ds, other assets, or service	ces given by the	reporting organization. If the organi	zation received less than fair market value	ın any		
	tran	saction or sharing arrang	ement, show in c	column (d) the value of the goods, o	other assets, or services received			
(a	1)	(b)		(c)	(d)			
Line	no	Amount involved	Name of nor	nchantable exempt organization	Description of transfers, transactions, and shanny	arrangeme	nts	
			<u> </u>				_	
						_		
								
								
							-	
							_	
				<u>_</u>				
52a	ls th	e organization directly or	Indirectly affiliate	ed with, or related to, one or more t	ax-exempt organizations			
			-	r than section 501(c)(3)) or in section		Yes	X	No
ь		es," complete the followi				_		<u>.</u>
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship	р		
	_	······································						
					<u> </u>			
					ļ			
		·····						
								
								
					+			
		-		 - 	 			

EEA

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

2004

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No. **67**

		_	
Name(s)	shown	on	return

Name(s) shown on return	•		Business o	or activity to which	this form relates			Identifying number
י זיִּדרו	LPHI ACADEMY OF BO	STON IN	rC	İ	-	ERVICES	_	1	04-2699036
	t I Election To Expens					EKVICES			
	Note: If you have any liste		• •						
1	Maximum amount See page 2 of the							1	\$100,000
2	Total cost of section 179 property p		_					2	\$100,000
3	Threshold cost of section 179 property p							3	£400,000
4	·	•						4	\$400,000
5	Reduction in limitation. Subtract line							-	
3	Dollar limitation for tax year. Subtra			-				_	
	filing separately, see page 2 of the							5	
6	(a) Description of pr	торенту		(D) Cost (b	usiness use only	(C) Ele	cted cost	[
			··		.				
7	Listed manager. Enter the amount of	l 00	 .			- 			
	Listed property Enter the amount for		• • • • • • •			1			•
8	Total elected cost of section 179 pr							8	
9	Tentative deduction Enter the sma							9	
10	Carryover of disallowed deduction	_						10	
11	Business income limitation Enter the		•		•	∩e 5 (see inst	ructions)	11	
12	Section 179 expense deduction Ad						• • •	12	
13	Carryover of disallowed deduction				. ▶ 13				<u> </u>
	Do not use Part II or Part III below								
Par	· · · · · · · · · · · · · · · · · · ·					ot include liste	d proper	ty)	
14	Special depreciation allowance for	qualified property	/ (other than lis	ted prope	rty) placed in				
	service during the tax year (see page	ge 3 of the instru	ctions)					14	
15	Property subject to section 168(f)(1) election (see page 1	age 4 of the ins	tructions)				15	
16	Other depreciation (including ACRS	S) (see page 4 of	the instruction	s)				16	
Par	t III MACRS Depreciation	(Do not incl	ude listed prop	erty.) (Se	e page 4 of th	e instructions.)		
			Se	ection A					
17	MACRS deductions for assets place	ed in service in t	ax years begin	ning befo	re 2003 ·			17	31,455
18	If you are electing under section 16	8(i)(4) to group a	iny assets plac	ed in serv	rice during the	e tax			
	year into one or more general asse	t accounts, chec	k here				$\cdot \sqcap$		
	Section B - Asset	s Placed in Ser	vice During 20	004 Tax Y	ear Using th	e General De	preciati	on Sys	item
	(-)	(b) Month and	(c) Basis for dep		(d) Recovery	(.)	(4)		()
	(a) Classification of property	year placed in service	(business/investr		релод	(e)Convention	(f) Met	hod	(g)Depreciation deduction
19a	3-year property								
b	5-year property STATEMENT	¥ 50							2,843
С	7-year property STATEMENT	4	<u> </u>		T				184
d	10-year property					i			
е	15-year property	1	1.	550	15	HY	150	DB	78
f	20-year property	1			1		<u>_</u>		<u> </u>
g	25-year property	1	<u> </u>		25 yrs		S/l		
_ h			 		27.5 yrs.	ММ	S/1		
•	property				27 5 yrs	MM	S/i	_	
i	Nonresidential real		 		39 yrs.	MM	S/I		
•	property STATEMENT	# 52	 		00 yrs.	MM	S/I		304
	Section C - Assets		ice During 20	N3 Tay V	ar licing the				
20 a	Class life	Fiaced III 361 V	Te burning zon	03 Tax 10	sar Using the	Alternative			ystein
<u> </u>	12-year	[-		12 170		S/I		
			 		12 yrs	1414	 		· · · · · · · · · · · · · · · · · · ·
C		of the metalication			40 yrs	MM	S/I	-	
	· · · · · · · · · · · · · · · · · · ·		110)					24	1 267
21	Listed property Enter amount from		7 has 10					21	1,367
22	Total. Add amounts from line 12, lii								26 023
00	Enter here and on the appropriate I		· · · · · · · · · · · · · · · · · · ·		orporations - s	see instr .	• • •	22	36,231
23	For assets shown above and place		- •					i	
	enter the portion of the basis attribu	itable to section :	263A costs		23	1			

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

	tion A - Deprecia					page 7 o	f the ins	tructions	for limits	for passe	enger a	utomobil	les.)		
24a	Do you have evidence	to support the busine	ss/investment u	se claimed	?		Yes	No	24b If "	Yes," is t	he evic	lence wr	itten?	Yes	No
Ту	(a) ype of property (list venicies tirst)	(b) Date placed in service	(c) Business/ investment use percentage		(d) or other pasis		(e) sis for depri siness/inve use on	stment	(f) Recovery penod	Metho Conver	od/	Depre	(h) ociation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciat	ion allowance for	qualified list	ed prope	rty plac	ed in sei	vice dur	ing the ta	ax		"-	-			
	year and used me	ore than 50% in a	qualified bu	siness u	se (see	page 6 c	of the ins	tructions	s)		25				
26	Property used mo	ore than 50% in a	qualified bu	siness u	se (see	page 6 c	of the ins	tructions	s)·						
PH	ONE SYST	20020410	100 %	8	,156		8,1	56	7	2001	BMQ	1	,367		
			%												
			%												-
27	Property used 50	% or less in a qua	alified busine	ess use (see pag	e 6 of th	e instruc	tions):							
		1_1	%							S/L-					400000000
		1 1	%							S/L-]	
		1.1	%			_				S/L-]	
28	Add amounts in c	olumn (h), lines 2	25 through 2	7. Enter l	nere and	on line	21, page	91 .			28	Ī	,367	Ī	
29	Add amounts in o	olumn (ı), ilne 26.	. Enter here	and on li	ne 7, pa	ige 1							29		
				Section											
Con	nplete this section t	for vehicles used	by a sole pr	oprietor,	partner	, or other	r "more t	han 5% (owner," o	r related i	person				
	provided vehicles to yo														
		<u> </u>			2)	T	(b)	1	(c)	(d)			e)	(f)	,
30	Total business/investri the year (do not incli		•	Vehic		Vehic	-		cle 3	Vehicle		Vehic		Vehic	
	see page 2 of the instr	•				 				•					
31	Total commuting	miles driven durir	ng the year			<u> </u>		1							
32	Total other person		• •								_				
	miles driven														
33	Total miles driver	during the year													
	Add lines 30 thro	• •		Ì											
34	Was the vehicle a	-		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-dut	•													_
35	Was the vehicle u	•	а												
	more than 5% ow							Ī			_				
36	is another vehicle	•					<u> </u>							•	
	personal use? .														
			- Questions	for Em	ployers	Who P	rovide \	ehicles	for Use	by Their	Emple	yees			
Ans	wer these question				-					•	-	•			
	not more than 5%		-	•						,	,				
				1 3										Yes	No
37	Do you maintain a	a written policy st	atement that	t prohibit	s all per	sonal us	e of veh	cles, inc	ludina co	mmutina.				-	
	by your employee	• •		•	•				_					Ì	
38	Do you maintain a	a written policy st	atement that	t prohibit	s persoi	nal use o	f vehicle	s. excer	t commu	tina, by ve	our em	plovees1	,		
	See page 8 of the	• •		•	•									ĺ	
39	Do you treat all us												[_	
40	Do you provide m	•		•									<u> </u>	- 1	
	the use of the veh		-												
41	Do you meet the					demons	tration u	se? (See	page 9 d	of the inst	ruction	s) .	[
	Note: If your ans	=						•				•	ľ		
Pa	rt VI Amorti			<u> </u>									<u>-</u>		
			Τ								(e)	,			
	(a)		Date amo	b) ortization			(c) ızable		(d) Code		Amortiz	ation	Amort	(f) zation for	
	Description of	1 costs		gins			ount		sectio		period percent			is year	
42	Amortization of co	osts that begins d	luring vour 2	004 tax v	ear (se	e page 9	of the II	nstruction	ns)			<u>-</u> L-			
			7,55							Т		Т			
							 -			-+				_	
43	Amortization of co	osts that began h	efore vour 2	004 tax v	ear					J.		43			
44	Total. Add amou	-	-	-					• • •			44			
	. ota Add amou	colultiit (i).	Coo page 3	J. 418 1118		13 101 WITH	5.5 10 10	POIL		· · · · ·	· · ·	1 44		AFC	2 (2004

om	99(0
Ottill	•	•

Overflow Statement

2004

Page 1 Employer identification number 04-2699036

Name as shown on Return DELPHI ACADEMY OF BOSTON, INC.

FORM 990, PAGE 2, PART III, LINE A DESCRIPTION AMOUNT IN FULLFILLING ITS EXEMPT PURPOSE DURING 2004, THE...... ORGANIZATION OPERATED A DAY SCHOOL IN MILTON, MASSACHUSETTS (THE DELPHI ACADEMY OF BOSTON)...... TO FULFILL ITS EXEMPT PURPOSE IN THE FUTURE, THE...... ORGANIZATION WILL CONCENTRATE ON THE EXPANSION AND....... QUALITY OF ITS K-8 GRANT EDUCATIONAL PROGRAM AT ITS...... 0 DAY SCHOOL..... TOTAL:

FORM	990,	PAGE	2,	PART	II,	LINE	43A,	COL	(B)	- PROGRAM	SERVICE

DESCRIPTION	AMOUNT
INSURANCE	26,853
JANITORIAL/MAINTENANCE	20,372
LICENSE FEE	111,081
STAFF TRAINING	13,789
ΤΟΤΑΙ.•	172 095

Statement Summary		2004
INVESTMENTS-OTHER		\$TATEMENT -56
FORM 990, SCH FOR PART IV, LINE 56		PAGE 1
Name(s) shown on return DELPHI ACADEMY OF BOSTON, INC.		Identifying Number 04-2699036
	BEGINNING OF	END OF
DESCRIPTION	TAX YEAR	TAX YEAR
NORTHEAST INVESTORS	138,025	157,868
MUTUAL OF AMERICA	75,639	82,741
	_	
	· · · · · · · · · · · · · · · · · · ·	
	. .	
		

Statement Summary FORM 4562 - LINE 19A

2004 STATEMENT 50

					STITE PROPERTY SO
Name(s) shown or				 	Identifying Number
DELPHI AC	ADEMY OF	BOST	ON, INC.	· · · · · · · · · · · · · · · · · · ·	04-2699036
BASIS	RP	CV	METHOD	DEDUCTION	
6,834	5	HY	200 DB	1,367	
3,820	5	HY	200 DB	764	
2,046	5	HY	200 DB	409	
1,516	5	HY	200 DB	303	
OTALS				2,843	
			FORM 4562	- LINE 19B	STATEMENT 51
BASIS	RP	CV	METHOD	DEDUCTION	
553	7	HY	200 DB	79	
733	7	HY	200 DB	105	
TOTALS	 			184	
 			FORM 4562	2 - LINE 19I	STATEMENT 52
DATE	COST		DEDUCT	CION	
012004	4,716		1	.64	
72004	8,417		1	.40	
TOTALS			3	304	
-	,				
••					

<u>.</u>	Item was disposed						Depreciation Detail Listing	on [etail List	ing				1	
of d	of during current year.						PROGRA For vo	M SER	PROGRAM SERVICES - 1 For your records only					2004 GE	GE 1
Name	Name(s) as shown on return												Socia	Social security number/EIN	
	DELPHI ACADEMY OF BOSTON, INC	ON, INC.												04-2699036	
Š	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	e Life	Method	Rate	Current	Accumulated Depreciation	Pnorexpense	Bonus depreciation	AMT
-	IMPROVEMENTS	19991201	3,975		100.00		3,975	_	200 DB MQ	8.73	347	3,435			787
7	FURN & FIXT	20000601	3,213		100.00		3,213	~	200 DB HY	8.93	287	2,496			394
3	IMPROVEMENTS	20011005	78,490	•	100.00		78,490	15	150 DB HY	7.7	3,734	14,912			3,734
4	5 COMPUTERS-NETWORKED	20010619	13,493		100.00		13,493	M	200 DB HY	7.41	1,000	10,607			1,687
2	COPIER	20011119	14,803		100.00		14,803	۲.	200 DB HY	11.52	1,705	11,631			2,466
9	CHAIRS & FILES	20011119	941		100.00		941		200 DB HY	12.49	118	648			115
7	CHAIRS & FURNITURE	20010919	2,206		100.00		2,206	~	200 DB HY	12.49	276	1,517			270
œ	IMPROVEMENTS	20021215	26,646		100.00		26,646		200 DB MQ	19.68	5,244	15,576			4,367
٥	PHONE SYSTEM-TOSHIBA	20020410	8,156		100.00		8,156	7	200 DB MQ	16.76	1,367	4,529			1,189
9	COMPUTER EQUIPMENT	20021115	7,648		100.00		7,648	2	200 DB MQ	22.8	1,744	5,721			1,546
11	FURNITURE	20021219	6,639		100.00		6,639	_	200 DB MQ	19.68	1,307	3,881			1,088
12	10 DELL COMPUTERS	20030201	7,759		100.00		7,759	2	200 DB MQ	92	2,017	3,569			1,717
13	FURNITURE-TABLES	20030728	1,132		100.00		1,132	7	200 DB MQ	25.51	289	451			223
14	IMPROVEMENTS	20031031	6,065		100.00		690'6		150 DB MQ	9.88	896	1,349			968
15	MACHINERY & EQUIPMENT		13,789		100.00	_	13,789			0		13,789	3		
16		19910301	14,053		100.00		14,053	_		0	-	14,053			
17		19920301	6,459		100.00		6,429	7	•	0	-	6,429			
18	COMPUTER EQUIPMENT	19960331	280		100.00		280			0		280			_
19	EQUIPMENT	19960331	1,411		100.00		1,411	2		0		1,411			
20	CARPETS	19960331	5,562		100.00		5,562		•	0	_	5,562			
21	FURNITURE	19960331	119		100.00		119			0		119			_
22	EQUIPMENT	19960630	1,943		100.00		1,943	_		0		1,943			
23	FURNITURE	19960630	1,153		100.00		1,153	7		0		1,153			
54	COMPUTER EQUIPMENT	19960930	1,180		100.00		1,180	S		0		1,180			
52	EQUIPMENT	19960930	1,061		100.00		1,061			0		1,061			
56	CARPETS	19960930	630		100.00		029	7		0	-	630			
27	FURNITURE	19960930	7,255		100.00		7,255			0	•	7,255			
28	COMPUTER EQUIPMENT	19961231	2,011		100.00		2,011	ıs		0		2,011			
53	EQUIPMENT	19961231	1,000		100.00		1,000		•	0		1,000	-		
30	FURNITURE	19961231	586		100.00		586	7		0		286			
									-						
								-	•						
										•					

2004 _{GE 2}	rbenein	736	Bonus AMT Current		2	7,105	2,079	793	124			32	1,025	78	<u> </u>		707	300	773	Y C	£ ——			·	
	Social security number/EIN	04-2699036	Pnor B expense depre				_								-							·	 		
	;		Accumulated Depreciation	12,736		_	-			16,400	M,		_	8 3		140					105				
			Current				2, 133	814	483			32	1,367	8/	5	140	5 5	* 40 ×		2	105				
sting			Rate	0						0						1.667					14.29				
Depreciation Detail Listing	For your records only		Method		200 08	SL			SL				80	150 DB HY		SL SL	2 2	2 2	2	20	200 DB HY				
Ciation Detai	your rec		Life	36 7	2 09	06 31.5			37 39					5 5		27.5		0 4 V R			733 7		 		
eprecia PROG	ΡŌ		Depreciation Basis	12,736		284,206	83,178	31,736	18,837	16,400	3,240	יט	6,834	טככ, ר	,	8,417	, ה ה	1 516	<u>.</u>	n	λ'				
			Section 179				_		_	_		—		-	·	ae	· ·			-			· · ·		
			Business	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	00.00	0.00	100.00		100.00	20.00		100.00		 	· ·	
			Salvage																						
			Cost	12,736	09	284,206	83,178	31,736	18,837	16,400	3,240	242	6,834	066,1	0 1 7 4	8,417	070'6	2,040	212,1	כככ	733				
		ON, INC.	Date	19961231	19971031	19870101	19960331	19960630	19960930	19980414	19980909	19991201		20040115		20040726	20040929	20040218	200/000	82004002	20040803				
 Item was disposed of during current year. 	Name(s) as shown on return	DELPHI ACADEMY OF BOSTON,	Description				CONSTRUCTION							ELECTRICAL FIXTURES-I				Z DELL LAPIOPS			OFFICE FURNITURE				_
• Iter of du	Name		2	31	35	33	34	35	36	37	38	39	0,	£ 0	ļ ;	£3;	† ,	ξ, ,	, 1	74	84				