

Return of Organization Exempt from Income Tax

1999

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

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1999 calendar year, Or tax year period beginning 1999, and ending

B Check if:

- Change of address
Initial return
Final return
Amended return (required also for state reporting)

Please use IRS label or print or type. See specific instructions.

C Name of organization DELPHI ACADEMY OF BOSTON, INC.
Number & street (or P.O. box if mail is not delivered to street addr) Room/suite 564 BLUE HILL AVENUE
City, Town or Country State ZIP + 4 MILTON MA 02186

D Employer identification number 04-2699036
E Telephone number (617) 333-9610
F Check if exemption application is pending

G Type of organization Exempt under section 501(c) 3 (insert number) or section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts Must attach a completed Schedule A (Form 990).

H (a) Is this a group return filed for affiliates? Yes No
(b) If 'Yes,' enter the number of affiliates for which this return is filed
(c) Is this a separate return filed by an organization covered by a group ruling? Yes No
I If either box in H is checked 'Yes,' enter four-digit group exemption number (GEN)
J Accounting method: Cash Accrual Other (specify)

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 it received a Form 990 package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 3 columns: Description, Sub-description, Amount. Includes sections for Contributions, Program service revenue, Investment income, Special events, and Total revenue/expenses.

SCANNED JUN 08 2000

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

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 (attach sch)	23			
24	Benefits paid to or for members (attach sch)	24			
25	Compensation of officers, directors, etc	25	107,929.	0.	107,929.
26	Other salaries and wages	26	337,865.	337,865.	0.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	35,531.	26,897.	8,634.
30	Professional fundraising fees	30			
31	Accounting fees	31	3,112.	3,112.	0.
32	Legal fees	32	5,848.	5,348.	500.
33	Supplies	33	2,129.	2,129.	0.
34	Telephone	34	3,629.	3,629.	0.
35	Postage and shipping	35	5,293.	5,293.	0.
36	Occupancy	36	223,825.	223,825.	0.
37	Equipment rental and maintenance	37	3,486.	3,486.	0.
38	Printing and publications	38			
39	Travel	39	3,285.	3,285.	0.
40	Conferences, conventions, and meetings	40			
41	Interest	41	1,617.	1,617.	0.
42	Depreciation, depletion, etc (attach schedule)	42	23,596.	23,596.	0.
43	Other expenses (itemize): a	43a			
	b ADVERTISING	43b	77,507.	77,507.	0.
	c CURRICULUM COSTS	43c	127,192.	127,192.	0.
	d DUES & LICENSES	43d	2,832.	2,832.	0.
	e See Other Expenses Stmt	43e	102,237.	99,799.	0.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,066,913.	947,412.	117,063.

**Reporting of Joint Costs** - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to program services \$ \_\_\_\_\_; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>PRIVATE SCHOOL</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a THE EXEMPT ORGANIZATION OPERATES A PRIVATE SCHOOL WHICH HAS APPROXIMATELY 130 STUDENTS (Grants and allocations \$ 0.)	947,412.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	947,412.

**Part IV Balance Sheets** (See instructions)

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

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing .....	43,689.	45	40,680.	
	46 Savings and temporary cash investments .....	151,982.	46	243,579.	
	47a Accounts receivable .....	47a 1,047.			
	b Less: allowance for doubtful accounts .....	47b	19,103.	47c 1,047.	
	48a Pledges receivable .....	48a		48c	
	b Less: allowance for doubtful accounts .....	48b			
	49 Grants receivable .....			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....			50	
	51a Other notes & 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 (attach schedule) .....			54	
	55a Investments — land, buildings, & equipment: basis ..	55a			
	b Less: accumulated depreciation (attach schedule) .....	55b		55c	
	56 Investments — other (attach schedule) .....	L-56 Stmt...	118,669.	56	122,823.
	57a Land, buildings, and equipment: basis .....	57a 513,377.			
	b Less: accumulated depreciation (attach schedule) .....	57b L-57 Stmt... 213,762.	318,689.	57c	299,615.
	58 Other assets (describe ▶ ..)			58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		652,132.	59	707,744.	
LIABILITIES	60 Accounts payable and accrued expenses .....	5,847.	60	6,666.	
	61 Grants payable .....		61		
	62 Deferred revenue .....	67,430.	62	65,870.	
	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) .....		64b		
	65 Other liabilities (describe ▶ ..)		65		
66 <b>Total liabilities</b> (add lines 60 through 65) .....		73,277.	66	72,536.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted .....	578,855.	67	635,208.	
	68 Temporarily restricted .....		68		
	69 Permanently restricted .....		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>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 and column (B) must equal line 21) .....	578,855.	73	635,208.	
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	652,132.	74	707,744.	

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	1,131,646.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments .. \$		
(2)	Donated services and use of facilities .... \$		
(3)	Recoveries of prior year grants .....		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) .....	b	
c	Line a minus line b .....	c	1,131,646.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 .....		\$ -8,380.
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ..	d	-8,380.
e	Total revenue per line 12, Form 990 (line c plus line d) .....	e	1,123,266.

a	Total expenses and losses per audited financial statements	a	1,066,913.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities .....		\$
(2)	Prior year adjustments reported on line 20, Form 990 .....		\$
(3)	Losses reported on line 20, Form 990 .....		\$
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) .....	b	
c	Line a minus line b .....	c	1,066,913.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 .....		\$
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ..	d	
e	Total expenses per line 17, Form 990 (line c plus line d) .....	e	1,066,913.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
ELLEN GARRISON DORCHESTER, MA 02124	PRESIDENT 40	55,729.	0.	0.
PHYLLIS NUCCIO RANDOLPH, MA	TREASURER 40	22,596.	0.	0.
CORRINE PERKINS DORCHESTER, MA	CLERK 1	0.	0.	0.
CORRINE PERKINS DORCHESTER, MA	V.P. 40	29,604.	0.	0.
ELLEN GARRISON DORCHESTER, MA 02124	DIRECTOR 2	0.	0.	0.
CORRINE PERKINS DORCHESTER, MA	DIRECTOR 2	0.	0.	0.
PHYLLIS NUCCIO RANDOLPH, MA	DIRECTOR 2	0.	0.	0.
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-----				

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 instructions.

**Part VI Other Information** (See specific 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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?	X	
b If 'Yes,' enter the name of the organization ▶ DELPHI SCHOOLS, INC. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions. 81a 0.		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 for reporting in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.			
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 in 85f? 85g			
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h			
86	501(c)(7) organizations. 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) organizations. 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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▶ 0. ; Section 4912 ▶ 0. ; Section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations. 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			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 ▶			
90a	List the states with which a copy of this return is filed ▶ MASSACHUSETTS		
b Number of employees employed in the pay period that includes March 12, 1999 (see instructions) 90b 22			
91	The books are in care of ▶ CORRINE PERKINS Telephone number ▶ (617) 333-9610 Located at ▶ 564 BLUE HILL AVENUE, MILTON MA ZIP + 4 ▶ 02186-2610		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

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

	Unrelated business income		Excluded by section 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 TUITION & FEES					1,018,122.
b BOOK SALES	611110		03		381.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					20,808.
96 Dividends & 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 pers prop					
99 Other investment income					-8,380.
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))					1,030,931.
105 Total (add line 104, columns (B), (D), and (E))					1,030,931.

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 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	THE EXEMPT ORGANIZATION'S SCHOOL ACTIVITIES FURTHER ITS EXEMPT PURPOSE BY PROVIDING INSTRUCTION & TRAINING TO INDIVIDUAL STUDENTS.
93b	THE EXEMPT ORGANIZATION'S BOOK SALES FURTHER ITS EXEMPT PURPOSE OF PROVIDING EDUCATIONAL MATERIALS TO STUDENTS.
95	THE EXEMPT ORGANIZATION'S USE OF INTEREST BEARING ACCOUNTS FURTHERS ITS EXEMPT PURPOSE BY PROVIDING ADDITIONAL FUNDS FOR THE SCHOOL'S USE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

N/A

(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
	%			
	%			
	%			
	%			

**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. (See instructions.)

Signature of Officer: *Corrine H Perkins* Date: 5-13-00 Type or Print Name and Title: CORRINE H PERKINS BUSINESS MANAGER

**Paid Preparer's Use Only**

Preparer's Signature: *S.N. Brown CPA* Date: 05/02/00 Check if self-employed:  Preparer's SSN or PTIN: 020-38-2400

Firm's Name (or yours if self-employed) and Address: S.N. BROWN, CPA'S  
150 WOOD ROAD- SUITE 304  
BRAINTREE MA ZIP + 4: 02184

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

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

Name of the Organization <b>DELPHI ACADEMY OF BOSTON, INC.</b>	Employer Identification Number <b>04-2699036</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None.')

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

Total number of other employees paid over \$50,000 ..... **NONE**

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

(See 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 ..... **None**

Part III Statements About Activities

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc? 4a. Do you have a section 403(b) annuity plan for your employees?

Part IV Reason for Non-Private Foundation Status (See 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 [X] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
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...
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 instructions.)

Table with 2 columns: (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 instructions.)

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

Calendar year (or fiscal year beginning in) .....	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(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 not a business unrelated 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 Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum 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> %
<b>27 Organizations described on line 12:</b>					
	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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: (1998) _____ (1997) _____ (1996) _____ (1995) _____				
	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 on 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> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

**Part V Private School Questionnaire** (See 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? .....	X	
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
<u>THE SCHOOL PUBLISHES THEIR NONDISCRIMINATION POLICY</u>		
<u>YEARLY IN THE LOCAL NEWSPAPERS.</u>		
-----		
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? .....		X
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
-----		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **Only** by an eligible organization that filed Form 5768)

Check here  **a** if the organization belongs to an affiliated group.  
Check here  **b** if you checked 'a' above 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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
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 and 39) .....	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table – If the amount on line 40 is –                      The lobbying nontaxable amount is – Not over \$500,000 ..... 20% of the amount on line 40 ..... Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 ..... \$1,000,000 .....	41	0.
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.
<b>Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.</b>			

**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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
(For reporting only by organizations that did not complete Part VI-A)

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:

	Yes	No	Amount
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.



**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See instructions.  
▶ Attach this form to your return.

**1999**  
67

Name(s) Shown on Return <b>DELPHI ACADEMY OF BOSTON, INC.</b>	Business or Activity to Which This Form Relates Form 990, page 2	Identifying Number 04-2699036
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**Part I Election to Expense Certain Tangible Property (Section 179)**  
(Note: If you have any 'listed property,' complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see instructions .....	1	\$19,000.
2 Total cost of Section 179 property placed in service. See instructions .....	2	
3 Threshold cost of Section 179 property before reduction in limitation .....	3	\$200,000.
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 instructions .....	5	
<b>6 (a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
7 Listed property. Enter amount from line 27 .....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from 1998. See instructions .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 .....	▶ 13	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 1999 Tax Year**  
(Do Not Include Listed Property)

**Section A - General Asset Account Election**

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions .....

**Section B - General Depreciation System (GDS) (See instructions)**

(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
15a 3-year property .....						
b 5-year property .....		547.	5.0 yrs	HY	200DB	109.
c 7-year property .....		3,975.	7.0 yrs	HY	200DB	568.
d 10-year property .....						
e 15-year property .....						
f 20-year property .....						
g 25-year property .....			25 yrs		S/L	
h Residential rental property .....			27.5 yrs	MM	S/L	
i Nonresidential real property .....			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Alternative Depreciation System (ADS) (See instructions)**

16a Class life .....						
b 12-year .....			12 yrs		S/L	
c 40-year .....			40 yrs	MM	S/L	

**Part III Other Depreciation (Do Not Include Listed Property) (See instructions)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999 .....	17	22,919.
18 Property subject to Section 168(f)(1) election .....	18	
19 ACRS and other depreciation .....	19	

**Part IV Summary (See instructions)**

20 Listed property. Enter amount from line 26 .....	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions .....	21	23,596.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs .....	22	

**Part V Listed Property – 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 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

23a Do you have evidence to support the business/investment use claimed? .....				Yes	No	23b If 'Yes,' is the evidence written? .....				Yes	No
(a) Type of property (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			
24 Property used more than 50% in a qualified business use (see instructions):											
25 Property used 50% or less in a qualified business use (see instructions):											
26 Add amounts in column (h). Enter the total here and on line 20, page 1 .....										26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1 .....										27	

**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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (Do not include commuting miles — see instructions) .....												
29 Total commuting miles driven during the year .....												
30 Total other personal (noncommuting) miles driven .....												
31 Total miles driven during the year. Add lines 28 through 30 .....												
32 Was the vehicle available for personal use during off-duty hours? .....												
33 Was the vehicle used primarily by a more than 5% owner or related person? .....												
34 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.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
37 Do you treat all use of vehicles by employees as personal use? .....		
38 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? .....		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions .....		

**Note:** If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need 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
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999 .....					41
42 Total. Enter here and on 'Other Deductions' or 'Other Expenses' line of your return .....					42

Form 990, Page 1, Line 7

**Other Investment Income Statement**

Other investment income (describe)

LOSS ON INVESTMENT-UNREALIZED	-8,380.
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Total	<u>-8,380.</u>
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Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FUNDRAISING EXPENSES	2,438.	0.	0.	2,438.
INSURANCE	4,831.	4,831.	0.	0.
JANITORIAL/MAINTENANCE	19,938.	19,938.	0.	0.
LICENSE FEE	64,880.	64,880.	0.	0.
STAFF TRAINING	6,217.	6,217.	0.	0.
OTHER PROGRAM SERVICES	3,933.	3,933.	0.	0.
Total	<u>102,237.</u>	<u>99,799.</u>	<u>0.</u>	<u>2,438.</u>

Form 990, Page 3, Part IV, Line 56

**Investments - Other Statement**

Line 56 – Investments - Other:	Beginning of Year	End of Year
NORTHEAST INVESTORS TRUST MUTUTAL FUNDS	118,669.	122,823.
Total	<u>118,669.</u>	<u>122,823.</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE & FIXTURES	6,429.	6,429.	0.
MACHINERY & EQUIPMENT	13,789.	13,789.	0.
IMPROVEMENTS	284,206.	130,128.	154,078.
MISCELLANEOUS	14,053.	14,053.	0.
COMPUTER EQUIPMENT	280.	232.	48.
COMPUTER EQUIPMENT	1,180.	976.	204.
COMPUTER EQUIPMENT	2,011.	1,664.	347.
CONSTRUCTION	83,178.	8,090.	75,088.
CONSTRUCTION	31,736.	2,883.	28,853.
CONSTRUCTION	18,837.	1,590.	17,247.
EQUIPMENT	1,411.	970.	441.
EQUIPMENT	1,943.	1,337.	606.
EQUIPMENT	1,061.	730.	331.
EQUIPMENT	1,000.	688.	312.

Form 990, Page 3, Part IV, Lines 57a & 57b  
**Land, Buildings and Equipment Statement**

Continued

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
CARPETS	5,562.	3,825.	1,737.
CARPETS	630.	432.	198.
FURNITURE	119.	82.	37.
FURNITURE	1,153.	793.	360.
FURNITURE	7,255.	4,990.	2,265.
FURNITURE	586.	403.	183.
PLAYGROUND	12,736.	8,757.	3,979.
EQUIPMENT	60.	31.	29.
COMPUTERS	16,400.	8,528.	7,872.
COPIER	3,240.	1,685.	1,555.
EQUIPMENT	547.	109.	438.
IMPROVEMENTS	3,975.	568.	3,407.
Total	<u>513,377.</u>	<u>213,762.</u>	<u>299,615.</u>