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

2005

Department of the Treasury

Open to Public

Interna	al Rev	enue Service	► The o	organization may have to use a copy of this	return to satis	sfy sta	ate repor	ing requiremen	its	<u> </u>	Inspection
	A F	or the 2005 calendar	year, or	tax year beginning		, 2005	, and er	ding			, 20
	B c	heck if applicable	Please	C Name of organization				D Employ	er identif	fication	number
] A	ddress change	use IRS label or	DELPHI ACADEMY OF BO	STON,	INC	•	0.	4-26	599	036
	_ N	ame change	print or	Number and street (or P O box if mail is not delivered	d to street addre	ss)	Room/	suite E Telepho	ne numb	ber	
	lr	nitial return	type. See	564 BLUE HILL AVENUE				(<u> 617)</u>	33	3-9610
] F	inal return	Specific Instruc-	City or town, state or country, and ZIP + 4				F Account	ing meth	od:	Cash X Accrual
[] A	mended return	tions.	MILTON, MA 02186				Othe	r (specif	y) Þ	•
] A	pplication pending		501(c)(3) organizations and 4947(a)(1) nonexempt chant		H and	l are not a	oplicable to section	527 orga	anızatıo	ns
			trusts m	iust attach a completed Schedule A (Form 990 or 990-EZ)	H(a)	Is this a gr	oup retum for affilia	les?		Yes X No
	H(b) If "Yes," enter number of affiliates										>
G We	bsite:	► N/A				H(c)	Are all affil	ates included?			Yes X No
J Org	janiza	tion type (check only one)	>	∑ 501(c) (3) (insert no)	r 527	l	•	ach a list See instr		1	
K Che	eck he	re la if the orga	nization's gr	oss receipts are normally not more than \$25,000. The		H(d)		parate return filed t in covered by a gro		?	Yes 🗓 No
org	anızat	on need not file a return with	the IRS, but	if the organization chooses to file a return, be		ı	Group Exe	mption Number	>	-	
sur	e to fil	e a complete return Som	e states requ	zire a complete return.		М	Check •	► X if the orga	nızatıo	n is n	ot required
L Gro	ss rec	eipts Add lines 6b, 8b, 9b, a	ind 10b to lin	0 12 ▶ 1,698,112			to attach	Sch. B (Form	990, 99	90-EZ	, or 990-PF).
Pa				and Changes in Net Assets or F	und Bala	ince					
	, 1			I similar amounts received						1	· · · · · · · · · · · · · · · · · · ·
200	a						. 1a	34,	119	1	
7	Ь							35,		1	
~	С			nts)						- 1	
~	d			(cash \$ 69,219 noncash \$]	1d	69,219
THE STATE OF	2			ding government fees and contracts (from Pa	art VII, line 9	3)			[2	1,607,519
=	3	Membership dues and assessments							3		
	4									4	14,329
SCANNED	5								5	13,953	
\mathbb{Z}	6a						1				
3	Ь										
8	c	•	Net rental income or (loss) (subtract line 6b from line 6a)							6c	1
6	7			be ► LOSS ON INVESTMENT-UNREALIZED)							(6,908)
8		Gross amount from s			(A) Secur			(B) Other			
٧							8a				
e n	ь	•		ales expenses			8b				
U)			8c			- 1	
е	ď			e 8c, columns (A) and (B))						8d	
	9			ittach schedule) If any amount is from gami			▶ □				
	а	Gross revenue (not in			•				ĺ		1
				a)			. 9a				
	ь			an fundraising expenses							
	С			ial events (subtract line 9b from line 9a)]	9c	
	10a			returns and allowances							
	Ь										
	С			s of inventory (attach schedule) (subtract 📠	e 10b from lu	pe_10a	a) .			10c	
	11			ne 103)		FI	VER		[11	
	12			2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		-	V 15 10	<u> </u>		12	1,698,112
E	13			, column (B))		, ,e.,		18	[13	1,443,610
х Р	14			n line 44, column (C))	MAY 1	L . (.	2006	[9]	[14	155,499
θ	15	Condeniaina (from los	- 44	ma (D))				S	[15	9,443
n s	16	Payments to affiliates	s (attach s	chedule)	·OGD	SAF	.119	'.≒	[16	
8 S	17	7 Total expenses (add lines 16 and 44, column (A))							<u> [</u>	17	1,608,552
7 e z	18	Excess or (deficit) for	r the year	(subtract line 17 from line 12)					[18	89,560
	19	Net assets or fund ba	alances at	beginning of year (from line 73, column (A))					[19	1,207,384
S S	20	Other changes in net	t assets or	r fund balances (attach explanation)					[20	
8 8	24			and of year (combine lines 18, 19, and 20)					ſ	21	1,296,944

	 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 \$noncash \$)				
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach					
	schedule)	23		_		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	145,402		145,402	
26	Other salaries and wages	26	735,760	735,760		
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	61,192	51,095	10,097	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees					
33	Supplies		2,839	2,839		
34	Telephone	34	4,533	4,533		
35	Postage and shipping	35	4,877	4,877		
36	Occupancy		155,343	155,343		
37	Equipment rental and maintenance	37	8,474	8,474		
38	Printing and publications	38	-	_		
39	Travel		7,728	7,728		
40	Conferences, conventions, and meetings					
41	Interest		1,070	1,070		
42	Depreciation, depletion, etc. (attach schedule)		33,958	33,958	<u> </u>	
43	Other expenses not covered above (itemize):					
а	SEE STMT	43a	164,936	164,936		
ь	CURRICULUM COSTS	43b	162,065	162,065		
С	DUES & LICENSES	43c	5,573	5,573		
ď	FUNDRAISING EXPENSES	43d	9,443	-		9,443
e	ADVERTISING	43e	105,359	105,359		
f		43f	,	•		
g		43g				
44	Total functional expenses. Add lines 22 through 43.					
	(Organizations completing columns (B)-(D), carry these					
	totals to lines 13-15)	44	1,608,552	1,443,610	155,499	9,443
Join	t Costs. Check ▶ ☐ If you are following SOP 98-2	1	, , , , , , , , , , , , , , , , , , , ,			
	any joint costs from a combined educational campaign and fund	draisina	solicitation reported i	n (B) Program servic	es?	. 🕨 🗌 Yes 🔀 No
	es," enter (i) the aggregate amount of these joint costs \$		(ii) the amo	unt allocated to Prog		
	he amount allocated to Management and general \$			ount allocated to Fun		
,				EEA		Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

Wh	Program Service	
ΑII	Expenses (Required for 501(c)(3) and	
of o	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts, but optional for others)
а	DELPHI ACADEMY OF BOSTON, INC., A MASSACHUSETTS	
	NONPROFIT CORPORATION, IS ORGANIZED EXLCUSIVELY FOR	
	EDUCATIONAL AND CHARITABLE PURPOSES. SEE ATTACHMENT	_
		_
		_
		_
	(Grants and allocations \$) If this amount includes foreign grants, check here	1,443,610
Ь		
		_
		_
		_
	(Grants and allocations \$) If this amount includes foreign grants, check here	
С		
		_
		_
		_
		_
	(Grants and allocations \$) If this amount includes foreign grants, check here	╗╽
d		
_		-
		_
		_
		_
	(Grants and allocations \$) If this amount includes foreign grants, check here	古
e	Other program services (attach schedule)	
•	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ 1,443,610
÷	EEA	Form 990 (2005)

Pa	IT IV	Balance Sneets (See the instructions.)				, - · · -	
	Note:	Where required, attached schedules and amounts within the	he desc	cription	(A)		(B)
	•	column should be for end-of-year amounts only.			Beginning of year		End of year
	45	Cash - non-interest-bearing			64,813	45	13,645
	46	Savings and temporary cash investments		·	881,731	46	1,012,775
	47 a	Accounts receivable	47a	8,024			
	b	Less: allowance for doubtful accounts	47b		930	47c	8,024
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key em	ployee	5			
		(attach schedule)				50	
Α	51 a	Other notes and loans receivable (attach					•
s		schedule)	51a				
s	Ь	Less: allowance for doubtful accounts	51b			51c	
e	52	Inventories for sale or use				52	· <u>-</u>
t	53	Prepaid expenses and deferred charges		<i></i> [<u> </u>	53	
s	54	Investments - securities (attach schedule)				54	
	55 a	Investments - land, buildings, and					
		equipment: basis	55a				
	b	Less accumulated depreciation (attach					
		schedule)	55ь			55c	
	56	Investments - other (attach schedule)			240,609	56	247,655
	57 a	Land, buildings, and equipment basis		720,806			
		Less. accumulated depreciation (attach					
		schedule)	57b	411,239	316,472	57c	309,567
	58	Other assets (describe		58			
		-					
	59	Total assets (must equal line 74) Add lines 45 through 58	3 .		1,504,555	59	1,591,666
\Box	60	Accounts payable and accrued expenses	15,281	60	11,531		
	61	Grants payable		[61	
a	62	Deferred revenue		[281,890	62	283,191
þ	63	Loans from officers, directors, trustees, and key employee	s (atta	ch			
- ;		schedule)				63	
i	64 a	Tax-exempt bond liabilities (attach schedule)		[64a	
t	ь	Mortgages and other notes payable (attach schedule) .		[64b	
i	65	Other liabilities (describe)	_	65	
e s							-
	66	Total liabilities. Add lines 60 through 65			297,171	66	294,722
	Orga		and	complete lines			
		67 through 69 and lines 73 and 74.					
N F	67	Unrestricted			1,207,384	67	1,296,944
e u	68	Temporarily restricted				68	
n d	69	Permanently restricted		_		69	
4	Orga	nizations that do not follow SFAS 117, check here 🕒 🕨	· [and			
5 B		complete lines 70 through 74.					
a	70	Capital stock, trust principal, or current funds				70	
a	71	Paid-in or capital surplus, or land, building, and equipment		71			
s n	72	Retained earnings, endowment, accumulated income, or o		72			
o e	73	Total net assets or fund balances (add lines 67 through	1 69 or	lines			
s		70 through 72;					
		column (A) must equal line 19, column (B) must equal line			1,207,384	73	1,296,944
	74	Total liabilities and net assets / fund balances. Add lin	es 66 a	and 73	1,504,555	74	1,591,666
			EE	Δ		_	Form 990 (2005)

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director,

1,608,552

Form 990 (2005)

Total expenses (Part I, line 17). Add lines c and d

(A) Name and address	during the year even if they were not com (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PHYLLIS NUCCIO	TREASURER			
RANDOLPH, MA	40	38,050	_0	0
CORRINE PERKINS	VP/SECRETARY			
RANDOLPH, MA	46	45,050	0	0
BARBARA ROY	PRESIDENT			
STOUGHTON, MA	47	62,302	0	0
ELLEN GARRISON	DIRECTOR			
SYLMAR, CA	0	0	0	0
CORRINE PERKINS	DIRECTOR			
RANDOLPH, MA	0	0	0	0_
PHYLLIS NUCCIO	DIRECTOR			
RANDOLPH, MA	0	0	0	0
BARBARA ROY	DIRECTOR			
STOUGHTON, MA	0	0	0	0
			[
			1	

EEA

Form	990 (200) DELPHI	ACADE	MY OF	BOSTON	1, :	INC.		04-269	903	6		Pa	age 6
Par	t V-A	Current Of	lficers, Di	rectors,	Trustees,	and	Key	Employee	S (continued)				Yes	No
75 a	Enter the	total number of	f officers, dıre	ctors, and	trustees pern	nitted	to vote	on organizatio	n business at l	board				
•	•									_	4		Ì	ĺ
Ь	-	officers, director			•				•	sated				ĺ
		es listed in Sche												į
		rs listed in Scho										. 75ь		v
_		nps? If "Yes," a fficers, directors						•		· ·		. 735		X
С		es listed in Sche								aleu				
		rs listed in Sche		_		-				vhethe	•			ĺ
		pt or taxable, th				-		-	_			. 75c]	х
		lated organizati			-	-		•						
		-				_	_							ĺ
		attach a stateme			•			•						ĺ
	-	ion and the othe amounts paid to						n arrangemen	ıs,					ĺ
	including	amounts paid to	o c acii ilidivic	dai by eac	on related orga									ĺ
		organization ha											X	
Par	t V-B										Compensat			er
		= = = = = = = = = = = = = = = = = = = =	=								r benefits (describ		w)	
		* -	•	son below	and enter the	e amo	unt of c	ompensation of	or other benefit	s in the	appropriate colu	mn.		
_	<u> </u>	See the instru	ctions)					-	1	10	D) Contributions to	€ Even		
		(A) Name	e and address			(B) Loans	and Advances	(C) Compensa	tion	employee benefit plans & deferred ompensation plans	(E) Expe	r allowa	nces
NON	ΙΕ					\vdash				<u> </u>	ompensation plans			
								0		0	0			0
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Pa	rt VI	Other Info		<u> </u>								- 	Yes	No
76		rganization eng												
		on of each activi										· 76		X
77		changes made				ments	not rep	ported to the IF	RS?	• • •	• • • • • • •	. 77		X
		attach a conforr								.				
78 a		rganization hav										. 78a		Х
L												<u> </u>		 ^
79		nas it tiled a tax e a liquidation, (1.55		
	a statem											. 79	1	x
80 a		ganization relate												<u> </u>
	_	ship, governing l										. 80a		X
ь		enter the name			·		. –							
_			 	-		- 6	and che	eck whether it i	is exem	npt or	nonexempt			l
81 a	Enter dire	ect and indirect	political expe	nditures. (See line 81 in	struct	ions.)		81a			_		
													<u> </u>	X
							EEA					Form	990 (2	005)

	990 (2005) DELPHI ACADEMI OF BOSION, INC. 04-2699	036	Pag	je /			
	t VI Other Information (continued)		Yes	No			
32 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			i			
•	or at substantially less than fair rental value?	82a		<u>X</u>			
b	If "Yes," you may indicate the value of these items here. Do not include this						
	amount as revenue in Part I or as an expense in Part II.						
	(See instructions in Part III)			1			
33 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х				
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х				
34 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			:			
	gifts were not tax deductible?	84Ь					
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a					
Ь	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						
С	Dues, assessments, and similar amounts from members						
d	Section 162(e) lobbying and political expenditures		1				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		1				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		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 following tax year?	85h					
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		1				
Ь	Gross receipts, included on line 12, for public use of club facilities						
37	501(c)(12) orgs Enter a Gross income from members or shareholders 87a		1	:			
b	Gross income from other sources (Do not net amounts due or paid to other		I				
	sources against amounts due or received from them)						
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		1				
	301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X			
19 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:						
_	section 4911 ▶; section 4912 ▶; section 4955 ▶		ŧ	1			
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction						
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			v			
	a statement explaining each transaction	89Ь	l	<u>X</u>			
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under						
	sections 4912, 4955, and 4958						
	Enter Amount of tax on line 89c, above, reimbursed by the organization						
	List the states with which a copy of this return is filed MASSACHUSETTS			38			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	_06		0.0			
, i a		0.0	<u> </u>				
L	 						
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91ь	162	X			
account)?							
	If "Yes," enter the name of the foreign country See the maturations for expectations and filling requirements for Form TD 5 90-22 1. Report of Foreign Rank			į			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	and Financial Accounts	91c	Ī	Х			
С	At any time during the calendar year, did the organization maintain an office outside of the United States?	310	1				
12	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			. \Box			
12	1 1			٠ 🇀			
	and enter the amount of tax-exempt interest received or accrued during the tax year						

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b .							
C							
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e ·		_					
04	Subtotal (add columns (B), (I	D), and (E))					1,607,519
)5	Total (add line 104, columns	s (B), (D), and (E))				. •	1,607,519
	ne 105 plus line 1d, Part I, sh		nt on line 12, Part I.				
art V		Activities to the		ent of Exempt	Purposes (S	See the instructions	5.)
Line N							
- T	of the organization's ex						
3A		RGANIZATIO		ACTIVITI		ER ITS EX	EMPT
JA.			NSTRUCTION			DIVIDUAL	
				CTIVITIES	TO THE	DIVIDONE	
	ACCOMPLISHME					FLOW STAT	באבאיר)
2041		garding Taxable		·			
Part I	(A)	garding raxable	(B)	(c)		(D)	(E)
N	ame, address, and EIN of co		Percentage of	Nature of a		Total income	End-of-year
. / >	partnership, or disregarded	entity	ownership interest			 	assets
[/A_			%			 	
			%				
			%				
	····		%	1	· ·	<u> </u>	
Part)		ing Transfers Asso				uctions)	
	Did the organization, during the year						∐ Yes ⊠ No
		the year, pay premiur	ns, directly or indirect	tly, on a personal be	enefit contract?		∐ Yes 🏻 No
(b)	Did the organization, during t		ee instructions)				
	: If "Yes" to (b), file Form 88						
	Index penalties of penuty 1	declare that I have examine	d this return, including according to the control of the control o	ompanying schedules an	id statements, and to	the best of my knowledger has any knowledge	je
Note	Under penalties of penury, I and belief, it is true, correct.	declare that I have examine	of this return, including account preparer (other than office	ompanying schedules an er) is based on all informa	nd statements, and to ation of which prepart	the best of my knowledge er has any knowledge	ge
Note:	Under penalties of penury, I and belief, it is true, correct.	declare that I have examine	nd this return, including account preparer (other than office	ompanying schedules an er) is based on all informa	nd statements, and to ation of which prepan	the best of my knowledge er has any knowledge	ay 12, 20
Note:	Under penalties of penury, I and belief, it is true, correct.	declare that I have examine	d this return, including according to the preparer (other than office	ompanying schedules an er) is based on all informa	nd statements, and to ation of which prepare	the best of my knowledge er has any knowledge Date	12 12 20
Note Please Sign	Under penalties of penury, I and belief, it is true, correct,	declare that I have examine	ad this return, including accurate prepager (other than official	ompanying schedules an er) is besed on all informations.	nd statements, and to attorn of which prepare	the best of my knowledger has any knowledge Date	e 12 12 20
Note Please Sign	Under penalties of penury, I and belief, it is true, correct,	declare that I have examine and complete, Declaration of	ad this return, including accurate prepager (other than official	ompanying schedules an er) is besed on all informations.	nd statements, and to ation of which prepare	the best of my knowledger has any knowledge Date	ay 12, 20
Note Please Sign	Under penalties of penury, I and belief, it is true, correct, Signature of officer Type or punt name and	declare that I have examine and complete, Declaration of	at prepayer (other than office	er) is besed on all information.	Check if	Date Preparer's SSN or PTI	ay 12, 20
Note: Please Sign Here	Under penalties of penury, I and belief, it is true, correct, it is true, correct, it is granting of officer Signature of officer Type or pnnt name and	declare that I have examine and complete, Declaration of	at prepayer (other than office	er) is besed on all informations. Lics 7.	Check if	Date Preparer's SSN or PTI	N (See Gen Inst W)
Note:	Signature If "Yes" to (b), file Form 88: Under penalties of penury, I and belief, it is true, correct, it is true, correct, it is grant and belief and b	declare that I have examine and complete. Declaration of the complete of the c	and prepayer (other than office	er) is besed on all information.	Check if self-employed X	Preparer's SSN or PTI	N (See Gen Inst W) 3352
Note:	Under penalties of penury, I and belief, it is true, correct, is Signature of officer Type or print name and Preparer's signature Firs Firm's name (or yours	declare that I have examine and complete. Declaration of the last	of prepayer (other than office	Date 05 - 01 - 2006	Check if self-employed X	Preparer's SSN or PTI P0031 04-28	N (See Gen Inst W)
Note:	Under penalties of penury, I and belief, it is true, correct, is Signature of officer Preparer's signature Firm's name (or yours	declare that I have examine and complete. Declaration of the lattile S. N. BROW 150 WOOD	In CAA ON PAS RD SUITE	Date 05-01-2006	Check if self-employed X	Preparer's SSN or PTI P0031 04-28	N (See Gen Inst W) 3352 18385
	Under penalties of penury, I and belief, it is true, correct, is Signature of officer Type or punt name and Preparer's signature Firm's name (or yours if self-employed)	declare that I have examine and complete. Declaration of the last	In CAA ON PAS RD SUITE	Date 05 - 01 - 2006	Check if self-employed X	Preparer's SSN or PTI P0031 04-28	N (See Gen Inst W) 3352

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

(See page 1 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 par week devoted to position par week devoted to position par week devoted to position (b) Compensation (c) Compensation (d) Contributions to employee barefit plans a determed compensation (e) Compensation (f) Contributions to employee barefit plans a determed compensation (e) Compensation (f) Contributions to employee barefit plans a determed compensation (f) Contributions to employee barefit plans a determed compensation (g) Comp	Name of the organization		Employer identification number				
(See page 1 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 per week devoted to position devote the more per week devoted to position p	DELPHI ACADEMY OF BOSTON, IN	C.		04-2699036	5		
(e) Name and address of each employee paid more than \$50,000 (e) Compensation (e) Compensat			ther Than Office	ers, Directors, ar	nd Trustees		
than \$50,000 Services Security and other security plans that the street of the position of the remployees paid over \$50,000 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms, If there are none, enter "None." See page 2 of the instructions. [Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms, If there are none, enter "None." See page 2 of the instructions.) [As we have a deferred compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms, If there are none, enter "None." See page 2 of the instructions.)	(See page 1 of the instructions. List each o	ne. If there are none, enter "N	one.")				
Fotal number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None,") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensation Fotal number of others receiving over \$50,000 for professional services. (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor pad more than \$50,000 (b) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Compensation (c) Type of Service (c) Co	* * * *		(c) Compensation	employee benefit plans &	account and other		
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(a) Name and address of data interpendent contracts pare into a many contracts.	firms. If there are none, enter "None." See	page 2 of the instructions.)					
NONE	(a) Name and address of each independent contractor paid	more than \$50,000	(b) Type	of service	(c) Compensation		
	NONE		_				
		<u> </u>					
			4				
					<u></u>		
			-				
							
			-{				
			1				
Total number of other contractors receiving over	Total number of other contractors receiving over				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	\$50,000 for other services						

	rt III	Statements About Activities (See page 2 of the instructions)		Yes	Page No
1		· · · · · · · · · · · · · · · · · · ·			
•		ring the year, has the organization attempted to influence national, state, or local legislation, including any Empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
		ncurred in connection with the lobbying activities (Must equal amounts on line 38,			
		t VI-A, or line i of Part VI-B)	1		X
		panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	<u> </u>	 	1-
		anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of		Ī	
		lobbying activities.		ŧ	
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any		Ī	
		istantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or		Ī	
		n 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		I	
		sactions.)			
a	Sale	e, exchange, or leasing of property?	2a		x
b		ding of money or other extension of credit?	2b		X
c		nishing of goods, services, or facilities?	2c		X
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e	Tra	nsfer of any part of its income or assets?	2e		Х
3 a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you	determine that recipients qualify to receive payments)	3a		X
Ь	Do	you have a section 403(b) annuity plan for your employees?	3b		Х
c	Dur	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		
4 a	Did	you maintain any separate account for participating donors where donors have the right to provide advice on			
	the	use or distribution of funds?	4a		X
<u> </u>	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
	orgar	nization 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 7	П	A school Section 170(b)(1)(A)(ii). (Also complete Part V)			
8	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9	H	A reducial, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's na	me cil	v	
3	Ц	and state ▶	ille, ci	.,	
10	\Box	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(t)(1)(A	\(iv\	
	Ц	(Also complete the Support Schedule in Part IV-A.)	<i>/</i> /(,,,,,,	
11a	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.	Section	n	
	J	170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b	П	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
12	\Box	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and greater than the support from contributions of the support	oss rec	eipts	
		from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its			
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by			
		organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	ions		
		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). Ch	eck		
		the box that describes the type of supporting organization Type 1 Type 2 Type 2	3		
		Provide the following information about the supported organizations. (See page 6 of the instructions)			
		(a) Name(a) of supported organization(s)	numb	er	
		(a) Name(s) of supported organization(s) from	above		
	_				
14	Ц	An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions)		_	

Schedule A (Form 990 or 990-EZ) 2005

29	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	Х	
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?	30	Х	
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?	31	Х	
	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 a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			-
	basis?	32b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			_
•	with student admissions, programs, and scholarships?	32c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
_	oopioo oi ali matorial oood oy alo oligamiina oo ala oo al			
	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?	33a		X
Ь	Admissions policies?	33b		X
				1,,
¢	Employment of faculty or administrative staff?	33c		X
		224		X
d	Scholarships or other financial assistance?	33d		<u> </u>
	Educational policies?	33e		X
е	Educational policies?	336		<u> </u>
	Use of facilities?	33f		x
•	Ose of facilities			
g	Athletic programs?	33g		Х
3	Addition programs		_	
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.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		X
ь	Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	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	35	X	1

Pa	Lobbying Expenditures by E (To be completed ONLY by an eligible	•	•	e page 9 of the inst	ructions)						
Che	k ► a If the organization belongs to an affiliate			necked "a" and "lim	nited control" prov	visions apply.					
-	Limits on Lobby	ing Expenditure	es		(a) Affiliated group totals	(b) To be completed for ALL electing organizations					
	(The term "expenditures" mean			26		Organizations					
36	Total lobbying expenditures to influence public opin	· =									
37	Total lobbying expenditures to influence a legislative		= :			+					
38	Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures					·					
39 40	Total exempt purpose expenditures (add lines 38 a										
40 41	Lobbying nontaxable amount Enter the amount fro										
• 1	, ,										
	If the amount on line 40 is- The lobbying nontaxable amount is- Not over \$500,000										
	Not over \$500,000										
	Over \$1,000,000 but not over \$1,500,000 - \$175	•		1 1							
	Over \$1,500,000 but not over \$17,000,000 - \$229	=									
	Over \$17,000,000 \$1,0	=		11 3							
12	Grassroots nontaxable amount (enter 25% of line 4			— 1							
43	Subtract line 42 from line 36. Enter -0- if line 42 is r				•						
14	Subtract line 41 from line 38 Enter -0- if line 41 is r	nore than line 38		44							
	Caution: If there is an amount on either line 43 or	ine 44, you must file	Form 4720.								
	4-Year Averaging Period Under Section 501(h)										
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.										
	See the instructions for lines 45 through 50 on page 11 of the instructions)										
	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or	(a)	(ь)	(c)	(d)	(e)					
_	fiscal year beginning in) ▶	2005	2004	2003	2002	Total					
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
10	Cobbying Ceiling amount (150 % of line 45(e))			-							
47	Total lobbying expenditures										
48	Grassroots nontaxable amount										
49	Grassroots ceiling amount (150% of line 48(e)) .										
50	Grassroots lobbying expenditures										
Pa	rt VI-B Lobbying Activity by Nonel	_									
	(For reporting only by organizations the				tions.)						
	ng the year, did the organization attempt to influence			laing any	Yes No	o Amount					
	npt to influence public opinion on a legislative matter	or referendum, uno	agri the use of		 - -						
_	Volunteers Paid staff or management (Include compensation i	n evnenses renorter		h.)		\dashv					
þ	Media advertisements					_					
c d	Mailings to members, legislators, or the public				- -	<u> </u>					
e	Publications, or published or broadcast statements										
f	Grants to other organizations for lobbying purpose				- -						
g	Direct contact with legislators, their staffs, government	-									
9 h	Rallies, demonstrations, seminars, conventions, sp										
i	Total lobbying expenditures (Add lines c through h				ı						
•	If "Yes" to any of the above, also attach a stateme										
		_ 									

Part VII	<u></u>	-		ns and Relationships With Nonc	harita	ble	
			page 12 of the instructions.)				
		•		with any other organization described in sec	tion		
•	•			, relating to political organizations?			
	· -	_	noncharitable exempt organization		[= . (r)	Yes	No
					51a(i)	ļ	<u>X</u>
					a(ii)		X
b Other	r transactions:				١.,		
(i)	Sales or exchanges of a	issets with a non	charitable exempt organization		b (i)		_X
(ii)	Purchases of assets from	m a noncharitabl	e exempt organization		b(ii)		_X
					b(iii)		X
					b(iv)		X
(v)	Loans or loan guarantee	s			b(v)		X
(vi)	Performance of services	or membership	or fundraising solicitations		b(vi)		_X_
c Sharr	ing of facilities, equipmer	nt, mailing lists, o	ther assets, or paid employees		С		X
d If the	answer to any of the ab-	ove is "Yes." con	nplete the following schedule. Colu	ımn (b) should always show the fair market v	alue of t	he	
goods	s, other assets, or servic	es given by the	reporting organization If the organ	ızatıon received less than fair market value ı	n any		
trans	action or sharing arrange	ement, show in c	olumn (d) the value of the goods, o	other assets, or services received			
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of nor	nchantable exempt organization	Description of transfers, transactions, and sharing	arrangeme	nts	
		· -·					
	**		-	· · · · · · · · · · · · · · · · · · ·			
			-				_
-		-					
					·		
			-		<u>.</u>		
				<u> </u>			
		-					
52a la tha	organization directly or	indirectly affiliate	ed with, or related to, one or more t	av-evernt organizations			
	•	=	than section 501(c)(3)) or in section		Yes	X	No
	es," complete the following		11211 3601011 301(0)(0)) 01 111 3001	311 327 :			,
b it "Ye		ig scriedule.	(5)	(6)			
	(a)		(b)	(c) Description of relationship			
	Name of organization		Type of organization	Description of relationship			
		 _					
							
							·
	 						
				<u> </u>			
				EEA Schedule A (Fo	ım 990 or 9	90-EZ) 2	2005

Schedule A (Form 990 or 990-EZ) 2005 DELPHI ACADEMY OF BOSTON, INC. 04-2699036 Page 6

20a Class life

c 40-year

Part IV

12-year

Form	4562		Depreciation and Amortization						OMB No 1545-0172
			(Including	Information or	Listed	Property))		2005 Attachment
•	I Revenue Service		▶ See separate			our tax return	ı .		Sequence No. 67
-	s) shown on return				or activity to which				Identifying number
_	PHI ACADEM					ERVICES		<u> </u>	04-2699036
Par	t i Election	To Expense	e Certain Pr	operty Under Sec	tion 179				
	Note: If you	have any liste	d property, com	plete Part V before you o	omplete Part	l			•
1	Maximum amount. S	ee the instructi	ons for a higher	limit for certain business	es		• • •	1_	
2	Total cost of section	179 property p	laced in service	(see instructions)			• • • _	2	
3	Threshold cost of see	ction 179 prope	erty before reduc	ction in limitation				3	
4	4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-							4	
5	Dollar limitation for ta	x year Subtra	ct line 4 from line	e 1. If zero or less, enter	-0- If married	filing			
	separately, see instri	uctions	<u></u>			<u></u>		5	
	(a) Description of pro	operty	(b) Cost (b)	usiness use only)	(c) Elec	ted cost		
6									
7	Listed property Ente	r the amount fr	om line 29 .		7				ļ
8	Total elected cost of	section 179 pro	operty Add amo	unts in column (c), lines	6 and 7 .		L	8	
9	Tentative deduction	Enter the small	l ler of line 5 or li	ne 8			[9	
10	Carryover of disallow	ved deduction f	rom line 13 of yo	our 2004 Form 4562 .			[10	
11	Business income lim	itation Enter th	e smaller of bus	iness income (not less t	han zero) or lii	ne 5 (see instr	uctions)	11	
12	•						「	12	
13	Carryover of disallow	ved deduction t	o 2006. Add line	s 9 and 10, less line 12	. ▶ 13		•		
Note	: Do not use Part II or	Part III below	for listed proper	ty. Instead, use Part V					
Par	1 II Special D	epreciation	n Allowance	and Other Depre	ciation (Do	not include li	sted prop	erty.)	(See instructions)
14	Special allowance fo	r certain aircraf	t, certain proper	ty with a long production	period, and q	ualified NYL			
	or GO Zone property	(other than list	ted property) pla	iced in service during the	tax year (see	e instructions)		14	
15	Property subject to s	-						15	
16	Other depreciation (i	ncluding ACRS	; ;)				[16	
Par	<u> </u>		 	clude listed property.) (S	· · · · · · · · · · · · · · · · · · ·				<u> </u>
	i	•		Section A	_		_		· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions	for assets place	ed in service in t	ax years beginning befo	re 2005 .			17	31,869
18		•		rvice during the tax year		ore			
	general asset accoun								
				vice During 2005 Tax \			preciatio	n Sy	stem
	(a) Classification of pro	perty	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e)Convention	(f) Metho	od	(g)Depreciation deduction
19a	3-year property								
b	5-year property	STATEMENT	# 5O						441
c	7-year property	STATEMENT	 ≠51						529
d									
е									
f		· · · · · · · · · · · · · · · · · · ·							
g	20-vear property		l .			<u> </u>			
	20-year property			1	25 vrs.		S/L		l .
	25-year property				25 yrs. 27.5 yrs	MM	S/L S/L		
	25-year property Residential rental				27.5 yrs	MM			
	25-year property Residential rental property				27.5 yrs 27.5 yrs	ММ	S/L S/L		
	25-year property Residential rental property Nonresidential real	STATEMENT	# 52		27.5 yrs	· · · · · · · · · · · · · · · · · · ·	S/L		143

For Paperwork Reduction Act Notice, see separate instructions.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.

Summary (see instructions)

21

976

33,958

S/L

S/L

12 yrs.

40 yrs

MM

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

	240, 240,	Columns (a) unc	ugit (c) of Si	ection A,	all OI Se	CHOIT B,	and Set		applicabl	u					
Sec	tion A - Deprecia	tion and Other	Information	(Cautio	n: See th	e instru	uctions fo	or limits	for passer	nger auto	mobile	s.)			
24a	Do you have evidence	to support the busine	ss/investment u	se claimed	?		Yes	No	24b If "	Yes," is t	he evic	ience w	ritten?	Yes	No
Ty	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	1 .	(d) or other basis		(e) sis for depressines siness/inve use on	estment	(f) Recovery period	Meth Conve	od/		(h) reciation duction	Ele sectio	(i) cted on 179 ost
25	Special allowance for ce	ertain aircraft, certain	property with a le	ong produc	tion penod,	and qual	fied NYL o	r GO Zone		-					
	property placed in service	e dunng the tax year	and used more	than 50% i	n a qualified	busines	s use (see	instruction	s)		25	<u> </u>			
26	Property used mo		,						.,			1			
PH	ONE SYST	20020410		 	<u>,156</u>		8,1	.56	7	2001	DBMQ	ļ	976		
			%	 						_					
		<u> </u>	%	L		L_									
27_	Property used 50°	% or less in a qu	I							1		1		£	
			%						 	S/L-		<u> </u>		-[
			%	 		_			-	S/L-				-	
28	Add amounts in c	olumn (h) lines (ı——	horo and	on line	21 page	. 1	1	S/L-	28		976	-	
	Add amounts in c		_								<u> </u>	<u> </u>	29	+	
	Add arrioditis in C	olullii (i), iiile 20			B - Info					• • • •	• • •	<u></u>		_1	
	nplete this section f		by a sole pr	oprietor,	partner,	or other	r "more t	han 5%	owner," o						
ıı yol	u provided vehicles to yo	ur employees, first an	swer the question	T	a)		(b)	1	(c)	s section to		1	(e)	Œ	
30				Vehic		Vehi		1	cle 3	Vehicle			icle 5	Vehic	
	during the year (do n														
31	Total commuting i		ng the year												
32	Total other persor	nal (noncommutii	ng)	_											
	miles driven														
33	Total miles driven	during the year.						ŀ							
	Add lines 30 throu	ıgh 32													
34	Was the vehicle a		onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-dut				-										
35	Was the vehicle u								1						
20	more than 5% ow	•					 		-			<u> </u>			
36	Is another vehicle	•													
	use?		- Question:	s for Em	plovers	Who P	rovide \	/ehicles	for Use	by Their	Emplo	vees			
Ans	swer these question									-			re		
	more than 5% own						,								
			\											Yes	No
37	Do you maintain a	a written policy st	tatement that	t prohibit	s all pers	onal us	e of veh	icles, ınd	luding co	mmuting,					
	by your employee	es?													
38	Do you maintain a			-											
	See the instruction														
39	Do you treat all us										• • •	• • • •			
40	Do you provide m														
	the use of the veh														
41	Do you meet the Note: If your answ														,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Þ		ization	, 40, 01 41 15	163, 0	O HOL COI	ipiete (Jection L	101 1110	0075150	ornoics.					
	ar vij Amore	ization	1		T						(e)	$\overline{}$			
	(a) Description of	costs	Date amo	b) ortization gins		Amor	(c) tizable ount		(d) Code section		Amortizi period percent	ation or		(f) tization for his year	
42	Amortization of co	osts that begins of	during your 2	005 tax	year (see	instruc	ctions):								
			3,		Τ										
43	Amortization of co	osts that began b	efore your 2	005 tax y	ear .							43			
44	Total. Add amou	nts in column (f).	See the inst	ructions	for where	to rep	ort .		<u></u>			44			
EEA												Form 4	562 (2005	i) (Rev. 1	1-2006)

Form	99	0

Overflow Statement

2005

04-2699036

Page 1 Employer identification number

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

FORM 99	O, PAGE	3, PAI	RT III,	LINE	Α

Description	Amount
IN FULLFILLING ITS EXEMPT PURPOSE DURING 2005, 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	
DAY SCHOOL.	
Total:	\$ 0

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

Description	Amount			
INSURANCE		\$ 8,958		
JANITORIAL/MAINTENANCE		17,643		
LICENSE FEE		110,007		
STAFF TRAINING		11,673		
CONSULTING FEES		16,655		
	Total:	\$ 164,936		

. Sta	tement Summary		2005
INVESTMENTS-OTHER FORM 990, SCH FOR PART IV, L			STATEMENT -56 PAGE 1
Name(s) shown on return			Identifying Number
DELPHI ACADEMY OF BOSTON, IN	IC.		04-2699036
DECOLORION		BEGINNING OF	END OF
DESCRIPTION		TAX YEAR	TAX YEAR
NORTHEAST INVESTORS	<u>-</u>	157,868	161,388
MUTUAL OF AMERICA		82,741	86,266
			
			
			 .
			
	TOTAL C	240 600	247 654

Statement Summary FORM 4562 - LINE 19A

2005STATEMENT 50

•			FORM 4562	- LINE 19A	STATEMENT 50
Name(s) shown or DELPHI AC		BOST	ON, INC.		Identifying Number 04-2699036
BASIS	RP	CV	METHOD	DEDUCTION	
1,059	5	MQ	200 DB	265	
1,318	5	MQ	200 DB	66	
2,207	5	MQ	200 DB	110	
TOTALS				441	
			FORM 4562	- LINE 19B	STATEMENT 51
BASIS	RP	CV	METHOD	DEDUCTION	
2,150	7	MQ	200 DB	77	
3,580	7	MQ	200 DB	128	
420	7	MQ	200 DB	15 25	
707 2,009	7 7	MQ MQ	200 DB 200 DB	25 284	
TOTALS				529	
		_	FORM 4562	- LINE 19I	STATEMENT 52
DATE	COST		DEDUCT		-
092005	3,984 4,750		- 4	<u>12</u> 50	
092005 092005	1,250			13	
092005	3,620			38	
TOTALS			14	13	
					
		•		-	

Form **8868** (Rev December 2004)

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

OMB No 1545-1709

Department of the Internal Revenue S	· I	► File a separate application for each return.	
		Month Extension, complete only Part I and check this box	· · · · · · · · · · · · · · · · · · ·
•		ot automatic) 3-Month Extension, complete only Part II (on p	_
		ave already been granted an automatic 3-month extension on a	· · · · · · · · · · · · · · · · ·
		h Extension of Time - Only submit original (no copies r	
		an automatic 6-month extension - check this box and complete F	<u> </u>
		90-C filers) must use Form 7004 to request an extension of time	,
		use Form 8736 to request an extension of time to file Form 1065	
Electronic Fili returns noted b (not automatic)	ing (e-file). Form 8868 on pelow (6 months for corpo 3-month extension, inst	can be filed electronically if you want a 3-month automatic extens orate Form 990-T filers) However, you cannot file it electronically ead you must submit the fully completed signed page 2 (Part II) on, visit www irs.gov/efile.	sion of time to file one of the v if you want the additional
Type or	Name of Exempt Orga	nization	Employer identification number
print	DELPHI ACAD	EMY OF BOSTON, INC.	04-2699036
File by the due date for	Number, street, and ro	om or suite no. If a P.O. box, see instructions.	
filing your	564 BLUE HI	LL AVENUE	
return See	City, town or post office	e, state, and ZIP code. For a foreign address, see instructions	
instructions	MILTON, MA	02186	
Check type of	return to be filed (file	a separate application for each return)	
X Form 990		Form 990-T (corporation)	Form 4720
Form 990-B	BL	Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
Form 990-E	Z	Form 990-T (trust other than above)	☐ Form 6069
Form 990-P	PF	☐ Form 1041-A	Form 8870
Telephone I If the organi If this is for for the whole of	No. ► 617-333- ization does not have an	office or place of business in the United States, check this box he organization's four digit Group Exemption Number (GEN) ▶ □ . If it is for part of the group, check this box ▶ □ and a	If this is
		6-month, for 990-T corporation) extension of time until	08-15,2006,
		urn for the organization named above. The extension is for the o	rganization's return for:
▶ 🗓 c	alendar year 20 05 or	•	
	ax year beginning	, 20 , and ending	, 20 .
_	· • • <u> </u>		
2 If this tax	x year is for less than 12	months, check reason	Change in accounting period
3a If this ap	plication is for Form 990-	BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny
nonrefur	ndable credits. See instru	ctions	
b If this ap	plication is for Form 990-	PF or 990-T, enter any refundable credits and estimated tax pay	ments
		rpayment allowed as a credit	
		om line 3a. Include your payment with this form, or, if required, de	
with FTC	ocoupon or, if required, t	y using EFTPS (Electronic Federal Tax Payment System). See	
			\$
		ectronic fund withdrawal with this Form 8868, see Form 8453-Ef	