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AUG 09 '10

OMB No 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

STATUTE CLEARED

A For the 2004 calendar year, or tax year beginning June 4, 2004, and ending June 30, 2004

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
St. Peter's Academy

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
371 West 4th Street

City or town, state or country, and ZIP + 4
South Boston, MA 02127

D Employer identification number
20:1525308

E Telephone number
(617) 268-0750

F Group Exemption Number **▶**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) **▶**

I Website: **▶ www.stpeteracademy.com**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more. file Form 990 instead of Form 990-EZ. **▶ \$**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	1	Contributions, gifts, grants, and similar amounts received															6464																		
	2	Program service revenue including government fees and contracts															14237																		
	3	Membership dues and assessments																																	
	4	Investment income																10																	
	5a	Gross amount from sale of assets other than inventory																																	
	5b	Less: cost or other basis and sales expenses																																	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).																																	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																																	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																	
	6b	Less: direct expenses other than fundraising expenses																																	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																																		
7a	Gross sales of inventory, less returns and allowances																																		
7b	Less: cost of goods sold																																		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																		
8	Other revenue (describe ▶)																																		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																		
Expenses	10	Grants and similar amounts paid (attach schedule)																																	
	11	Benefits paid for members																																	
	12	Salaries, other compensation, and employee benefits																																	
	13	Professional fees and other payments to independent contractors																																	
	14	Occupancy, rent, utilities, and maintenance																																	
	15	Printing, publications, postage, and shipping																																	
	16	Other expenses (describe ▶ <u>270 Misc and Cafeteria Expenses</u>)																																	
17	Total expenses (add lines 10 through 16)																																		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																																	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																	
	20	Other changes in net assets or fund balances (attach explanation)																																	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																																	

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0	22 14678
23	Land and buildings	0	23 0
24	Other assets (describe ▶ _____)	0	24 0
25	Total assets	0	25 14678
26	Total liabilities (describe ▶ _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 14678

20

SCANNED AUG 31 2010

STATUTE CLEARED
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GARDEN

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Education (See Attachment)		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	All Revenues collected at St. Peter's Academy are used to create a school for students aged pre-school through eight grade. During the short fiscal year, critical Summer preparation and planning were accomplished to begin the new school in Sept. (Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attachment		0	0	0
		0	0	0
		0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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 (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 an explanation.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶ Massachusetts		
42	The books are in care of ▶ Janice Carthas Telephone no. ▶ (617) 268-0750 Located at ▶ 371 W 4th Street South Boston, MA 02127 ZIP + 4 ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 . . . ▶ 43		

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.

Maryanne M'Leod Crush
Signature of officer Date 7/05/10

President Maryanne M'Leod Crush
Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 7/05/10 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) 015 68 7979

Firm's name (or yours if self-employed), address, and ZIP + 4 9 Howland Pk Haverhill MA 02339 EIN Phone no (617) 967 8519

Chris Furman

Part III FORM 990 EZ Short Fiscal Year June 4-June 30 2004

The purpose, as stated in the Articles of Organization:

To Establish, operate and maintain a pre-school, elementary and middle school and to engage in any educational activity permitted or not excluded by law

All Revenues collected at St. Peter's Academy are used to create a school for students age pre-school through eight grade They learn the catholic values of respect, honesty, integrity, teamwork and being considerate of others. Academics are rigorous Students receive a safe and nurturing environment irrespective of race, color, gender etc

Form 990 Part IV

No one was compensated or had deferred compensation or expense account for this partial month.

President Approx. 5 hrs/wk

Maryanne Mcleod Crush
948 East Broadway South Boston MA 02127

Treasurer Approx. 5 hrs/wk

Mary Ellen Connolloy
476 East 4th Street
South Boston, MA 02127

Clerk Approx. 5 hrs/wk

Natalie Butler
291 Emerson Street
South Boston, MA 02127

Principal Full Time

Janice Carthas
14 Beckler Avenue
South Boston 02127

Principal Janice Carthas Job Description and Duties

Principal Janice Carthas was responsible for financial operations, building maintenance, student scheduling, personnel, public relations, school policy regarding discipline, coordination of the instructional program, and other overall school matters. Her role included curriculum and instruction supervision, overall school management, fundraising and student achievement. She led St. Peter's Academy in interactions with parents and others in the school community. She worked with parents when disciplinary issues arose, when students were not succeeding academically and when parents had concerns. Principal Carthas duties included providing a functional and safe facility, the development of overall school discipline policies and the enforcement of those policies, and the assignment of supervisory responsibilities among school personnel.

Additional Directors St. Peters Academy
Fiscal Years 2004-June 2006
All Uncompensated/No Deferred Revenue/No expense Account or the like
~~No~~ Approximately 2 hrs/wk

Joyce John
371 West 4th street
South Boston, MA 02127

Carol Mammoli
371 West 4th street
South Boston, MA 02127

Kelly O'Shea
371 West 4th street
South Boston, MA 02127

Paula Fleming
371 West 4th street
South Boston, MA 02127

Jil Sullivan
371 West 4th street
South Boston, MA 02127

Rich Evans
371 West 4th street
South Boston, MA 02127

Jim McNiff
371 West 4th street
South Boston, MA 02127

Dave Casper
371 West 4th street
South Boston, MA 02127

Bob Miller
371 West 4th street
South Boston, MA 02127

Steve Brown
371 West 4th street
South Boston, MA 02127