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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning July 1, 2004, and ending June 30, 2005

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St. Peter's Academy		D Employer identification number 20 : 1525308
		Number and street (or P O box if mail is not delivered to street address) Room/suite 371 W 4th Street		E Telephone number (617) 1525308
		City or town, state or country, and ZIP + 4 South Boston, MA 02127		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Other (specify) ▶

G Website: ▶ www.stpeteracademy.com

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

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 Group Exemption Number ▶ _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

STATUTE UNIT RECEIVED
 AUG 05 2005
 TPR BRANCH
 OGDEN

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

222
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Revenues	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		18804
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		562080
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		89
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	6b Less: rental expenses	6b		
	6c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		580.973	
Net Assets	13 Program services (from line 44, column (B))	13		406218
	14 Management and general (from line 44, column (C))	14		61809
	15 Fundraising (from line 44, column (D))	15		3631
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		471.658
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		109315	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		34134	
20 Other changes in net assets or fund balances (attach explanation)	20		82159-34144=48015	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		191474	

613
2

U.

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. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	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				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): a	43a				
	b See Attached	43b				
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	471658	406218	61809	3631

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a See Attached _____ _____ (Grants and allocations \$ _____)	
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

Part IV Balance Sheets (See page 25 of the 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	34134	45	49325
	46 Savings and temporary cash investments	0	46	
	47a Accounts receivable	0	47c	
	b Less: allowance for doubtful accounts			
	48a Pledges receivable	0	48c	
	b Less: allowance for doubtful accounts			
	49 Grants receivable	0	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	
	51a Other notes and loans receivable (attach schedule)	0	51c	
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	0	52	
	53 Prepaid expenses and deferred charges	0	53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	32834		
	b Less: accumulated depreciation (attach schedule)		57c	32834
58 Other assets (describe ► _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	34134	59	82159	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► _____)		65	
66 Total liabilities (add lines 60 through 65)	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	34134	73		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	34134	74	85159	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a 		
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b Reduce BLDGRent		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members. 85c 		
d	Section 162(e) lobbying and political expenditures. 85d 		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e 		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86a 		
b	Gross receipts, included on line 12, for public use of club facilities 86b 		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a 		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b 		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		<u>0</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>		<u>0</u>
90a	List the states with which a copy of this return is filed ▶ <u>Massachusetts</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b <u>20</u>		
91	The books are in care of ▶ <u>Janice Carthas</u> Telephone no. ▶ <u>(617) 268-0750</u> Located at ▶ <u>371 W 4th Street South Boston, MA</u> ZIP + 4 ▶ <u>02127</u>		
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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	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				437,772.69	437,772.69
b Uniform/Book Sales				26,876.73	26,876.73
c Lunch/food				27,929.85	27,929.85
d Fundraisers				69,500.86	69,500.86
e Collections for Missions				289	289
f Medicare/Medicaid payments					
g Fees and contracts from government agencies	0				
94 Membership dues and assessments	0				
95 Interest on savings and temporary cash investments	89				89
96 Dividends and interest from securities	0				
97 Net rental income or (loss) from real estate:					
a debt-financed property	0				
b not debt-financed property	0				
98 Net rental income or (loss) from personal property	0				
99 Other investment income	0				
100 Gain or (loss) from sales of assets other than inventory	0				
101 Net income or (loss) from special events	0				
102 Gross profit or (loss) from sales of inventory	0				
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					562169.13

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	All Revenues collected at St. Peter's Academy are used to create a school for students aged pre school through eight grade. They learn the catholic values of respect, honesty, integrity, teamwork and being considerate of others. Academics are rigorous and students are welcome on a non-discriminatory basis regardless of race/ color ethnicity gender etc.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NOT APPLICABLE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: *Maryann McLeod Crush* Date: 7/25/10

Type or print name and title: Maryann McLeod Crush President

Paid Preparer's Use Only

Preparer's signature: *Chris Furman* Date: 7/25/10

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 Hewland PK, Hanover MA 02339

EIN: Phone no: (617) 967 8519

Chris Furman

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

⋮

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Attachment				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
c	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e	Transfer of any part of its income or assets?		✓
3a	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)	✓	
b	Do you have a section 403(b) annuity plan for your employees?		✓
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)	
(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					N/A
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	N/A
e Public support (line 26c minus line 26d total) ▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

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

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

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

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	✓	
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?	✓	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <u>Please see attachment</u> ----- ----- -----	✓	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		✓
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		✓
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		✓
d Copies of all material used by the organization or on its behalf to solicit contributions?		✓
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) <u>See attachment for 31. There are no brochures or financial aid or scholarships. SPA is strictly non-discriminatory and open to all.</u> ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities?		✓
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?		✓
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		✓
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		✓

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

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	NA				
46 Lobbying 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					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Question 20 Form 990 Years Fiscal Years 04-05

The increase in Net Assets is as follows:

25,000 to secure a new building

7894 in improvements to old building

32,894

PART II FORM 990

Expenses, USD

	(A)Total	(B) Program services	(C)Management	(D)Fundraising
Advertising	11,210.10		11210 10	
Bank Service Charges	733		733	
Lunch expense	12843.10	12843 12		
Contract Labor	2985 54	2985 54		
Equipment Maintenance	3439 68	3439 68		
Equipment service contract	1655	1655		
Fundraiser (In House)	1505.66			1505 66
Fundraiser (Outside)	2125			2125
Field Trip	9916 45	9916 45		
Scholarship	1800	1800		
Gifts Given	857 25	857.25		
Insurance	6104 5		6104 5	
License/Permit	1150		1150	
Miscellaneous	5082.86		5082 66	
Building	2500	2500		
Office Supplies	2497.69	2497.69		
Payroll Taxes	36531.94		36531.94	
Postage	138 97		138 97	
Printing	637.5	637 5		
Legal Fees	857 5		857 5	
Book/Uniform Purchases	28835 01	28835 01		
Reconciliation Discrepance	2		2	
Rent/BLDG repairs	3985 1	3985.1		
401K	750	750		
Health Ins	20251 30	20251.30		
Disability/Life	4089 54	4089.54		
Workers Comp Insurance	1041 50	1041 50		
Salaries	241109.12	241109 12		
Substitute Teacher Salary	2750	2750		
Suplies/Materials	25458.46	25458.46		
Teacher Perks	3102	3102		
Telephone	4277	4277		
Utilities	31437 14	31437 14		
	471658.11	406,218.4	61808 87	3630 66

(18 cents off)

Part III FORM 990

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. This includes approximately 120 students per year

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

JULY 1 2004 – JUNE 30 2005

Form 990 Part V

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.

SCHEDULE A PART I

20 total employees:

5 highest paid:

Janice Carthas—Principal—No deferred compensation or expense account
14 Beckler Avenue
South Boston 02127
2004 11,846.17
2005 88,012.00 Est.

Nancy Macdonald—Teacher—No deferred compensation or expense account
149 Franklin Street
Braintree MA 02184
2004 9565 78
2005 71,060 08 Est

Mary Sheehy --Teacher—No deferred compensation or expense account
1622 Colombia Road
South Boston, MA 02127
2004 9565 78
2005 71060 08 Est

Andrius Dilba-- Teacher—No deferred compensation or expense account
89 Old Harbor Street
South Boston, MA 02127
2004 8626.52
2005 67,999 88 Est

Paula Noto-- Teacher—No deferred compensation or expense account
565 E 7th Street
South Boston, MA 02127
2004 7091 98
2005 54134 08 Est.

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

Schedule A Part III

Principal Janice Carthas Job Description and Duties as a "KEY EMPLOYEE"

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.

Schedule A Part III Question 3A Fiscal Year 2004-5

St. Peter's Academy does not give scholarships or financial aid as a matter of course. One scholarship was given when a student's mother died suddenly.

SCHEDULE A PART V QUESTION 31-2

From its very inception, St Peter's Academy has reached out to communities and families in a non-discriminatory fashion

The following is available in verbatim on the website

"NONDISCRIMINATION POLICY

St Peter Academy, Inc. accepts students of all races, colors, and national or ethnic origins into all rights, privileges, programs, and activities accorded to students at St Peter Academy St. Peter Academy, Inc. does not discriminate in employment or education on the basis of a person's race, sex, age, national and ethnic origin, religion, disabilities, marital or parental status, veteran status or personal history St. Peter Academy, Inc. is in compliance with applicable state laws providing equal opportunity without regard to sexual orientation.

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."

St. Peter's Academy has an additional statement of non-discrimination in the form 1023, which was incorporated by reference into the by-laws This non-discrimination Policy was published in the South Boston Online newspaper, which has a circulation throughout South Boston, in 2004-2005

St Peter's Academy has no brochures and does not give scholarships, with the exception of one to a girl whose mother died tragically.