

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning 7/01/00, and ending 6/30/01
B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return
C Name of organization: Neighborhood of Affordable Housing, Inc.
D Employer ID number: 04-2964630
E Telephone number: 617-567-5882
F Check if application pending

G Org. type (check only one): 501(c)(3)
H(a) Is this a group return for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with columns for Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Includes sub-columns for 1a, 1b, 1c, 6a, 6b, 8a, 8b, 8c, 9a, 9b, 10a, 10b. Total revenue: 1,561,016. Total expenses: 1,434,749. Net assets at end of year: 1,451,589.

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 Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)					
23	Specific assistance to individuals					
24	Benefits paid to or for members					
25	Compensation of officers, directors, etc.					
26	Other salaries and wages	769,160	530,118	155,272	83,770	
27	Pension plan contributions					
28	Other employee benefits	83,591	57,387	21,396	4,808	
29	Payroll taxes	69,258	47,160	14,821	7,277	
30	Professional fundraising fees					
31	Accounting fees	11,000	1,500	9,500		
32	Legal fees	24,336	18,431	5,905		
33	Supplies	53,034	45,309	5,139	2,586	
34	Telephone	12,304	9,018	2,112	1,174	
35	Postage and shipping	7,901	5,077	1,861	963	
36	Occupancy	35,714	27,600	4,514	3,600	
37	Equipment rental and maintenance	794	121	673		
38	Printing and publications	2,975	702	315	1,958	
39	Travel	5,244	4,750	463	31	
40	Conferences, conventions, and meetings	9,838	3,575	6,005	258	
41	Interest	25,619	25,577	42		
42	Depreciation, depletion, etc. (att. sch.)	28,219		28,219		
43	Other expenses (itemize): a	43a				
	b See Statement 2	43b	295,762	174,761	102,928	18,073
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 44	1,434,749	951,086	359,165	124,498	

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ; (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

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.)
<p>▶ Housing and community development</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a Homeowner and homebuyer services</p> <p style="text-align: right;">(Grants and allocations \$ _____)</p>	73,590
<p>b Housing development</p> <p style="text-align: right;">(Grants and allocations \$ _____)</p>	196,560
<p>c Neighborhood projects</p> <p style="text-align: right;">(Grants and allocations \$ _____)</p>	193,847
<p>d Senior home services</p> <p style="text-align: right;">(Grants and allocations \$ _____)</p>	176,539
<p>e Other program services (attach schedule) See Stmt 3 (Grants and allocations \$ _____)</p>	310,550
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	951,086

Part IV Balance Sheets (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	88,436	45	248,857	
46	Savings and temporary cash investments	65,733	46		
47a	Accounts receivable	326,075			
b	Less: allowance for doubtful accounts				
		479,814	47c	326,075	
48a	Pledges receivable				
b	Less: allowance for doubtful accounts				
			48c		
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule) See Worksheet	576,426			
b	Less: allowance for doubtful accounts				
		494,297	51c	576,426	
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	17,397	53	9,906	
54	Investments-securities		54		
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
55a	Investments-land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)				
			55c		
56	Investments-other (attach schedule) See Stmt 4	836,318	56	719,838	
57a	Land, buildings, and equipment: basis	190,413			
b	Less: accumulated depreciation (attach schedule) See Stmt 5				
		139,634	57c	50,779	
58	Other assets (describe See Stmt 6)	135,084	58	20,213	
59	Total assets (add lines 45 through 58) (must equal line 74)	2,190,975	59	1,952,094	
60	Accounts payable and accrued expenses	131,767	60	79,150	
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) See Worksheet	600,790	64b	406,694	
65	Other liabilities (describe See Stmt 7)	132,529	65	14,663	
66	Total liabilities (add lines 60 through 65)	865,086	66	500,507	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted	588,850	67	834,452	
68	Temporarily restricted	87,039	68	185,741	
69	Permanently restricted	650,000	69	431,394	
Organizations that do not follow SFAS 117, check here <input 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 and column (B) must equal line 21)	1,325,889	73	1,451,587	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,190,975	74	1,952,094	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

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

a	Total revenue, gains, and other support per audited financial statements	a	1,717,376
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	See Stmt 8		
	\$ 324,488		
	Add amounts on lines (1) through (4)	b	324,488
c	Line a minus line b.	c	1,392,888
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	See Stmt 9		
	\$ 168,128		
	Add amounts on lines (1) and (2)	d	168,128
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,561,016

a	Total expenses and losses per audited financial statements	a	1,788,439
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	See Stmt 10		
	\$ 516,125		
	Add amounts on lines (1) through (4)	b	516,125
c	Line a minus line b	c	1,272,314
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	See Stmt 11		
	\$ 162,435		
	Add amounts on lines (1) and (2)	d	162,435
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,434,749

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Philip Giffee 96 Warren Rd. Framingham, MA 01702	Exec Dir 37.5	76,283	0	0
Linda A. Puopolo 11 Avon St. Saugus, MA 01906	Dir of Fin 32	63,600	0	0
David J. Fernandes 151 Brook Street E. Boston, MA	Sr Proj Mgr 37.5	60,500	0	0
Stacey Chacker 12 Glade Av #2 Jamaica Plain, MA	Dir Comm Dev 32	52,475	0	0
Officers and Directors See Attached Schedule		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization Peace Properties Inc, Paz Prop Inc, Shalom Prop. Inc., Siochain Prop. Inc. and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
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	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
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	X	
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed MA			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		
91	The books are in care of Corporation Telephone no. 617-567-5882 Located at 22 Paris St. East Boston, MA ZIP code 02128			
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 Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by sec. 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 Management and marketing fees					175,037
b Development fees					92,678
c Fees for homebuyer services					40,296
d Misc program & consulting					1,719
e Fees for lending services					29,393
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					344,376
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	34,099	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		34,099	683,499
105 Total (add line 104, columns (B), (D), and (E))					717,598

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 Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	NOAH receives fees to manage and market East Boston housing units. All fees are from related entities.
93a	Related entities develop properties to be occupied by low income families. See Statement 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(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
See Stmt 13	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg. 31.)

- (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).

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. (Important: See General Instruction W, on page 14.)

Signature of officer: _____ Date: _____ Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Jane S. Getter* Date: 2/08/02 Check if self-employed: Preparer's SSN or PTIN: 117-38-2055

Firm's name (or yours if self-employed) and address, and ZIP code: **Jane S. Getter, CPA**
331 Page Street, 2nd Floor
Stoughton, MA 02072

EIN: 04-3038464 Phone no: 781-297-9700

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

2000

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

**Neighborhood of Affordable Housing,
Inc.**

Employer identification number

04-2964630

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 ben. plans & deferred compensation	(e) Expense account and other allowances
Philip Giffie 96 Warren Rd. Framingham, MA	Exec Dir 37.5	76,283	3,605	0
Linda Puopolo 11 Avon St. Saugus, MA	Dir of Fin 32	63,600	4,477	0
David Fernandes 151 Brook St. East Boston, MA	Sr Proj Mgr 37.5	60,500	7,663	0
Stacey Chacker 12 Glade Av. #2 Jamaica Plain, MA	Dir Comm Dev 37.5	52,475	2,715	0
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 1 of the instr. 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 over \$50,000		
Total number of others receiving over \$50,000 for professional services ▶		0

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	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 ▶ \$ _____ 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.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit? See Stmt 14	X	
c Furnishing of goods, services, or facilities? See Stmt 15	X	
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? See Stmt 16	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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, page 5.)
- 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 FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib. received. (Do not incl. unusual grants. See line 28.)	897,132	598,510	1,073,476	869,101	3,438,219
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn. unrelated to the organization's charitable, etc., purpose	853,348	567,840	499,062	424,114	2,344,364
18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	49,629	45,541	25,907	10,387	131,464
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of services or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets					
23 Total of lines 15 through 22	1,800,109	1,211,891	1,598,445	1,303,602	5,914,047
24 Line 23 minus line 17	946,761	644,051	1,099,383	879,488	3,569,683
25 Enter 1% of line 23	18,001	12,119	15,984	13,036	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	71,394
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts See Stmt 17	26b	370,271
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	3,569,683
d Add: Amounts from column (e) for lines: 18 <u>131,464</u> 19 _____	26d	501,735
22 _____ 26b <u>370,271</u>	26e	3,067,948
e Public support (line 26c minus line 26d total)	26f	85.9446%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from, each "disqualified person." Enter the sum of such amounts for each year: **N/A**

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(1999) _____ (1998) _____ (1997) _____ (1996) _____

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.)

Part V Private School Questionnaire (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	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.)			
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.)			
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 7 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

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

Limits on Lobbying Expenditures		(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)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
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	41
	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	
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 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
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 9 of the instr.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)	X	
b(v)		X
b(vi)	X	
c	X	

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
b (iv)		Paz Properties, Inc. 04-3206160	Paz Properties, Inc. is a title-holding corp organized under IRC 501(c) (2) for the sole purpose of holding real property and turning over the income less expenses to Neighborhood of Affordable Housing Inc. (NOAH)
		Shalom Properties, Inc 04-3358724	Shalom Properties, Inc. is a title holding corp organized under IRC 501(c) (2) for the sole purpose of holding real property and turning over the income less expenses to NOAH
b (vi)	45,798	Paz Properties, Inc.	NOAH provided management services
	72,480	Shalom Properties, Inc	NOAH provided management services
c		Paz Properties Inc.	NOAH provided all payroll and
		See Statement 18	

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Paz Properties, Inc.	501(c) (2)	Paz Properties Inc. holds title to low income housing and/or low income housing in development. Any income less expenses is turned over to Neighborhood of Affordable Housing, Inc (NOAH). Staff and Board of Directors overlap for the two corporations.
Shalom Properties, Inc	501(c) (2)	Shalom Properties Inc. holds title to low income housing and/or low income housing in development. Any income less expenses is turned over to NOAH. Staff and Board of Directors overlap for the 2 corps.

Other Notes and Loans Receivable

Form **990**

2000

For calendar year 2000, or tax year beginning **7/01/00**, and ending **6/30/01**

Name **Neighborhood of Affordable Housing, Inc.** Employer Identification Number **04-2964630**

Form 990, Part IV, Line 51a - Additional Information

Name of borrower	Relationship to disqualified person
(1) Shalom Properties Inc-related corp.	
(2) Peace Properties, Inc.	
(3) NOAH Trinity, Inc.-related corp	
(4) NOAH Trinity L.P.-related entity	
(5) Siochain Properties LP-related entit	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	10,218	10,218	
(2)	396,456	477,954	
(3)	7,151	7,782	
(4)	80,372	80,372	
(5)	100	100	
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	494,297	576,426	

Mortgages and Other Notes Payable

Form **990**

2000

For calendar year 2000, or tax year beginning **7/01/00**, and ending **6/30/01**

Name Neighborhood of Affordable Housing, Inc.	Employer Identification Number 04-2964630
---	---

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) City of Boston Public Facilities Dep	n/a
(2) MA Community Dev Econ Devel Asst Cor	n/a
(3) Capital leases, various	n/a
(4) Peace Properties, Inc.	Related 501(c)(3) corp.
(5) Fleet Bank credit line 7.17%	n/a
(6) Fleet Bank - 6.05% note	n/a
(7) Fleet Bank - 7.26% note	n/a
(8) Citizens Bank 7% note	n/a
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) n/a	Community development
(2) n/a	Community development
(3) Equipment	Leasing of office equipment
(4) n/a	Intercompany advances
(5) n/a	Loans to homeowners
(6)	Loans to homeowners
(7)	Loans to homeowners
(8)	Loans to homeowners
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	50,000	50,000
(2)	10,775	
(3)	36,901	24,601
(4)	410	410
(5)	198,428	195,500
(6)	136,626	39,908
(7)	167,650	84,575
(8)		11,700
(9)		
(10)		
Totals	600,790	406,694

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Unrealized loss on investments	\$ -567
Total	\$ -567

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Indirect Expense				
Bank charges	1,613	547	966	100
Computer expense	14,531	750	13,147	634
Subcontractors	27,660	17,595	10,015	50
Payroll service costs	1,406		1,406	
Filing fees and permits	265		265	
Insurance	12,848	2,311	10,537	
Insurance - workers comp	17,510	11,616	5,894	
Advertising	6,260	6,200		60
Consulting fees	142,431	80,407	46,607	15,417
Management fees	13,800	13,800		
Dues and subscriptions	6,993	1,322	5,309	362
Staff development	16,602	9,332	5,940	1,330
Program expenses	33,457	30,813	2,524	120
Repairs and maintenance	386	68	318	
Total	\$ 295,762	\$ 174,761	\$ 102,928	\$ 18,073

Statement 3 - Form 990, Part III, Line e - Other Program Services

Housing counseling	40,249
Rental expenses	132,723
Lending programs	137,578

Federal Statements**Statement 4 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
Mortgage loans receivable	\$ 765,189	\$ 646,420	
NOAH Trinity, Inc.	71,129	73,418	
Total	<u>\$ 836,318</u>	<u>\$ 719,838</u>	

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Furniture and fixtures	\$ 14,564	\$ 9,030	\$ 16,324	\$ 12,180
Equipment	96,746	65,284	100,089	78,054
Capital leases	74,000	37,100	74,000	49,400
Total	<u>\$ 185,310</u>	<u>\$ 111,414</u>	<u>\$ 190,413</u>	<u>\$ 139,634</u>

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Deposits and escrow accounts	\$ 135,084	\$ 20,213
Total	<u>\$ 135,084</u>	<u>\$ 20,213</u>

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Client escrows	\$ 132,529	\$ 14,663
Total	<u>\$ 132,529</u>	<u>\$ 14,663</u>

Federal Statements

Statement 8 - Form 990, Part IV-A - Other Revenue Included in Financial Statements

<u>Description</u>	<u>Amount</u>
Attributable to related corporations on combined financial statements	\$ 324,488
Total	<u>\$ 324,488</u>

Statement 9 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ 168,128
Total	<u>\$ 168,128</u>

Statement 10 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

<u>Description</u>	<u>Amount</u>
Attributable to related corporations on combined financial statements	\$ 516,125
Total	<u>\$ 516,125</u>

Statement 11 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ 162,435
Total	<u>\$ 162,435</u>

Federal Statements

Statement 12 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
	moderate-income families. Development fees are budgeted for each project. Fees were received from Peace Properties Inc, a related entity.
93a	NOAH provides counseling, seminars and assistance to potential home buyers. Nominal fees are collected.
93a	NOAH occasionally receives fees to consult on a variety of program-related issues, and misc program service revenue.
93a	NOAH receives fees in conjunction with providing mortgage loans to homeowners.

Statement 13 - Form 990, Part IX - Information Regarding Taxable Subsidiaries

Name, Address & EIN		Income	EOY Assets
Ownership %	Business Activity		
NOAH Trinity, Inc. 22 Paris St. 100.0000		\$	\$
East Boston, MA 04-3128469			
	Rental real estate	-1,155	70,736
Siochain Properties LP 22 Paris St. 99.0000 Beginning of year			
East Boston, MA 04-3489643 0.1000 End of year			
	Rental real estate	-10,430	1,955,733

Statement 14 - Schedule A, Part III, Question 2b - Lending of Money

Neighborhood of Affordable Housing, Inc. offers second mortgage loans to East Boston homeowners. As of June 30, 2001, the organization had outstanding mortgages receivable from a member of the Board of Directors in the amount of \$46,678. This related party borrower met underwriting standards and income eligibility requirements, and was not in conflict of interest as defined in the organization's loan policies.

Statement 15 - Schedule A, Part III, Question 2c - Furnishing of Goods

Neighborhood of Affordable Housing, Inc. is related through common Board representation and management to Peace Properties, Inc., 04-3173140, a 501(c)(3) organization, Paz Properties, Inc. 04-3206160, a 501(c)(2) organization, Shalom Properties, Inc. 04-3358724, a 501(c)(2) organization, and Siochain Properties, Inc. 04-3488694, a 501(c)(2) organization. The five corporations share office space and other overhead expenses. At times, intercompany loans and advances are made.

Statement 16 - Schedule A, Part III, Question 2d - Payment of Compensation

Compensation paid to employees-see Part V Form 990

Federal Statements

Statement 17 - Schedule A, Part IV-A, Line 26b - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Fannie Mae Foundation	\$ 75,000	\$ 3,606
Pew Charitable Trust	341,014	269,620
Mabel Louise Riley Foundation	90,000	18,606
Shalom Properties, Inc	141,227	69,833
State Street Bank	80,000	8,606
Total	<u>\$ 727,241</u>	<u>\$ 370,271</u>

Federal Statements**Statement 18 - Schedule A, Part VII, Line 51d - Schedule Information**

<u>Line No.</u>	<u>Amount Involved</u>	<u>Name of Charitable Exempt Organization</u>	<u>Description of Transfers Transactions, Etc.</u>
		Shalom Properties Inc.	office facilities to Paz Properties, Inc. NOAH provided all payroll and office facilities to Shalom Properties, Inc.

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

BOARD OF DIRECTORS

JUNE 30, 2001

Mary Ellen Welch, President
225 Webster Street
East Boston, MA 02128

Kathy Burlinson, Vice President
14 Leverett Avenue
East Boston, MA 02128

Larry Braman, Treasurer
112 Trenton Street
East Boston, MA 02128

Nina Gaeta-Coletta, Secretary/Clerk
27 Monmouth Street
East Boston, MA 02128

Wilma Davis, Assistant Secretary/Clerk
273 Princeton Street
East Boston, MA 02128

Andrew Bartolini
1109 Broadway, #2
Somerville, MA 02144

Michael Dasaro
16 Shapley Avenue
Medford, MA 02155

Dharmena Downey
140 Bayswater
East Boston, MA 02128

Gladys Fuccione
440 Meridian Street
East Boston, MA 02128

Roberta Marchi
422 Meridian Street
East Boston, MA 02128

Patrice Maye
32 Monmouth Street
East Boston, MA 02128

Gail Miller
232 Orient Avenue
East Boston, MA 02128

Ofelia Pedraza
Santa Fe ServiCenter
121 Maverick Street
East Boston, MA 02128

Nancei Radicchi
146 Trenton Street
East Boston, MA 02128

None compensated

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Neighborhood of AFFORDABLE HOUSING, INC	Employer identification number 04-2964630
	Number, street, and room or suite no. If a P.O. box, see instructions. 22 PARIS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST Boston, MA 02128	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15/02 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 7/01/00, and ending 6/30/01.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ June A. Met Title ▶ CPA Date ▶ 11/13/01

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)