

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

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 7/01/04, and ending 6/30/05

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 Neighborhood of Affordable Housing, Inc.		D Employer identification no. 04-2964630
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 143 Border Street		E Telephone number 617-567-5882
		City or town, state or country, and ZIP + 4 East Boston MA 02128		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

G Website: noahcdc.org

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," att. a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,455,654**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	314,274	
	b Indirect public support	1b	102,983	
	c Government contributions (grants)	1c	110,000	
	d Total (add lines 1a through 1c) (cash \$ 527,257 noncash \$)	1d	527,257	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	924,977	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	3,420	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
		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	1,455,654		
Expenses	13 Program services (from line 44, column (B))	13	1,076,995	
	14 Management and general (from line 44, column (C))	14	496,626	
	15 Fundraising (from line 44, column (D))	15	54,080	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,627,701	
Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-172,047	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,633,228	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 1	20	-387	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,460,794	

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 \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	606,945	519,460	57,454
27	Pension plan contributions	27			
28	Other employee benefits	28	86,967	75,076	9,624
29	Payroll taxes	29	67,664	56,905	6,842
30	Professional fundraising fees	30			
31	Accounting fees	31	17,500		17,500
32	Legal fees	32	4,410	200	4,210
33	Supplies	33	7,740	2,576	4,864
34	Telephone	34	14,100	6,687	7,113
35	Postage and shipping	35	4,099	1,234	2,715
36	Occupancy	36	91,646	22,955	66,691
37	Equipment rental and maintenance	37	9,044		9,044
38	Printing and publications	38	2,632	1,505	1,087
39	Travel	39	3,594	2,880	714
40	Conferences, conventions, and meetings	40	6,772	1,094	5,678
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	30,689		30,689
43	Other expenses not covered above (itemize): a	43a			
	b See Statement 2	43b	673,899	386,423	272,401
	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	1,627,701	1,076,995	496,626

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) & (4) orgs., & 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 Neighborhood Programs</p> <p>(Grants and allocations \$ _____)</p>	447,124
<p>b Rental housing</p> <p>(Grants and allocations \$ _____)</p>	246,252
<p>c Senior homeowner services</p> <p>(Grants and allocations \$ _____)</p>	163,109
<p>d Housing development</p> <p>(Grants and allocations \$ _____)</p>	113,714
<p>e Other program services (attach schedule) See Stmt 3 (Grants and allocations \$ _____)</p>	106,796
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	1,076,995

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)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	200	45	4,768	
46	Savings and temporary cash investments	411,530	46	295,038	
47a	Accounts receivable	454,368			
b	Less: allowance for doubtful accounts		47c	454,368	
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	1,362,575			
b	Less: allowance for doubtful accounts		51c	1,362,575	
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	16,653	53	21,352	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a	Investments-land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)		55c		
56	Investments-other (attach schedule) See Stmt 4	72,229	56	71,842	
57a	Land, buildings, and equipment: basis	271,585			
b	Less: accumulated depreciation (attach schedule) See Statement 5	153,417	57c	118,168	
58	Other assets (describe See Statement 6)	22,640	58	17,293	
59	Total assets (add lines 45 through 58) (must equal line 74)	2,066,338	59	2,345,404	
60	Accounts payable and accrued expenses	151,694	60	282,702	
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	264,123	64b	585,400	
65	Other liabilities (describe See Statement 7)	17,293	65	16,508	
66	Total liabilities (add lines 60 through 65)	433,110	66	884,610	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted	1,456,551	67	1,177,382	
68	Temporarily restricted	176,677	68	283,441	
69	Permanently restricted		69		
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; column (B) must equal line 21)	1,633,228	73	1,460,794	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,066,338	74	2,345,404	

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 page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,352,867
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 \$ 1,218,062		
	Add amounts on lines (1) through (4)	b	1,218,062
c	Line a minus line b	c	1,134,805
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 \$ 320,849		
	Add amounts on lines (1) and (2)	d	320,849
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,455,654

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

a	Total expenses and losses per audited financial statements	a	2,621,434
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 \$ 1,112,299		
	Add amounts on lines (1) through (4)	b	1,112,299
c	Line a minus line b	c	1,509,135
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 \$ 118,566		
	Add amounts on lines (1) and (2)	d	118,566
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,627,701

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Philip Giffee 96 Warren Road Framingham MA 01702	Exec. Dir 37	81,096	3,581	0
Linda Puopolo 4317 Scotts Mill Ct Saugus MA 01906	Dir of Fin & 37	70,221	4,860	0
Stacey Chacker 4 Glade Av #1 Jamaica Plain MA 02130	Dir Comm/Env 37	59,328	2,649	0
Marilyn Scott 363 Maverick St East Boston MA 02128	Lending/Home 37	53,284	979	0
Gladys Agudelo 45 Hawes St Revere MA 02151	Property Mgr 37	47,719	4,744	0
		0	0	0
Officers & Directors Schedule attached		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 page 28 of the instructions.

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		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 income 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		
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 See footnote and check whether it is <input checked="" 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		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 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 on line 85f?	85g	N/A	
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	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 <u>MA</u>	90b		21
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			
91	The books are in care of <u>Corporation</u> Telephone no. <u>617-567-5882</u> Located at <u>143 Border St E Boston, MA</u> ZIP + 4 <u>02128</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 <u>92</u>			

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 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					502,849
b Development fees					31,200
c Rental income					15,622
d Other program revenue					1,305
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					374,001
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,420	
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	3,420	924,977
105 Total (add line 104, columns (B), (D), and (E))					928,397

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).
1	See Statement 12

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
See Statement 13	%			
	%			
	%			
	%			

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).

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.

Signature of officer: *[Signature]* Date: *June 5, 06*

Type or print name and title: *PHILIP E. GIPPER*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *5/10/06* Check if self-employed: Preparer's SSN or PTIN: *117-38-2055*

Firm's name (or yours if self-employed), address, and ZIP + 4: *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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

2004

▶ **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 empl. ben. plans & deferred comp.	(e) Expense account and other allowances
See Form 990 Part V		0	0	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 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
Accounting Management Solutions Inc 1400 Computer Drive Westborough MA 01581	Fin consult/CFO svce	58,654
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2004

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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
See Statement 14		
e Transfer of any part of its income or assets?		X
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.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
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?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	X	

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.)	1,095,922	853,894	294,462	843,418	3,087,696
16 Membership fees received					0
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	1,166,329	973,725	1,073,345	683,499	3,896,898
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	3,508	1,380	765	34,099	39,752
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	2,265,759	1,828,999	1,368,572	1,561,016	7,024,346
24 Line 23 minus line 17	1,099,430	855,274	295,227	877,517	3,127,448
25 Enter 1% of line 23	22,658	18,290	13,686	15,610	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 62,549
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 758,635
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,127,448
d Add: Amounts from column (e) for lines: 18 39,752 19					26d 798,387
22 22,658 26b 758,635					26e 2,329,061
e Public support (line 26c minus line 26d total)					26f 74.4716%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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) N/A					
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) N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total. and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (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 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)

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

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

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

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.)

Table for 4-Year Averaging Period with columns for years 2004, 2003, 2002, 2001, and Total. Rows include lines 45-50 for nontaxable amounts and 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.) N/A

Table for lobbying activity with columns for Yes, No, and Amount. Rows list various methods of lobbying from volunteers to direct contact with legislators.

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 11 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

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:

Table with columns: Yes, No. Rows: 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. Marked with X's in the No column.

Table with 4 columns: (a) Line no., (b) Amount Involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'See Statement 15'.

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? [X] Yes [] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'See Statement 16'.

For calendar year 2004, or tax year beginning

7/01/04, and ending

6/30/05

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 - related corp	
(3) NOAH CDFI Inc -related corp	
(4) NOAH Trinity, Inc.-related corp	
(5) NOAH Trinity L.P.-related entity	
(6) Siochain Properties LP-related entit	
(7) Siochain Properties LP-Deferred	
(8) Development Fee	
(9) Pace Border LLC-related entity	
(10) Border Street, Inc.-related entity	

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)	84,100	259,100	
(3)	230,573	357,472	
(4)	9,914	9,914	
(5)	80,372	80,372	
(6)	27,646	27,646	
(7)			
(8)	55,796	55,796	
(9)	478,899	231,062	
(10)		27,000	
Totals	977,518	1,058,580	

For calendar year 2004, or tax year beginning **7/01/04**, and ending **6/30/05**

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) MHIC New Markets Fund, Inc.	
(2)	
(3)	
(4)	
(5)	
(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)		303,995	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		303,995	

For calendar year 2004, or tax year beginning

7/01/04, and ending

6/30/05

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) NOAH Community Development Fund, Inc	Common management and Board
(3) CEDAC	n/a
(4) Massachusetts Housing Investment Cor	n/a
(5) Boston Community Loan Fund, Inc.	n/a
(6) Capital leases, various	n/a
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				7.000
(4) 95,000				
(5) 175,000				7.000
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) n/a	Community development
(2) n/a	Intercompany advances
(3) n/a	Community Development
(4)	
(5) Assets of NOAH, Inc.	
(6) Equipment	Leasing of office equipment
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	50,000	50,000
(2)	45,000	157,648
(3)	18,351	18,351
(4)		95,000
(5)		175,000
(6)	150,772	89,401
(7)		
(8)		
(9)		
(10)		
Totals	264,123	585,400

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	-387
Total	<u>\$ -387</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Advertising	4,049	1,631	1,388	1,030
Annual Event	9,704		920	8,784
Computer expenses	33,000	4,630	27,770	600
Consultants and Contractors	240,291	76,757	158,873	4,661
Dues and subscriptions	7,406	12	7,394	
Filing Fees	996		996	
Insurance	31,147	3,228	27,919	
Insurance - Workers Comp	16,198	10,653	5,545	
Materials	33,334	30,432	2,902	
Overhead and administration	139,376	123,830	15,546	
Payroll services	1,762		1,762	
Program Expenses	144,142	131,828	12,314	
Service Contracts	10,362	1,315	9,047	
Training	2,132	2,107	25	
Total	\$ 673,899	\$ 386,423	\$ 272,401	\$ 15,075

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

Housing counseling	43,626
Lending services	63,170

Federal Statements

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
NOAH Trinity, Inc.	\$ 72,229	\$ 71,842	
Total	<u>\$ 72,229</u>	<u>\$ 71,842</u>	

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Furniture and fixtures	\$ 20,064	\$ 17,490	\$ 23,331	\$ 18,970
Equipment	116,946	105,066	126,421	109,909
Capital leases	178,380	24,672	116,700	23,340
Leasehold improvements	5,133	171	5,133	1,198
Total	<u>\$ 320,523</u>	<u>\$ 147,399</u>	<u>\$ 271,585</u>	<u>\$ 153,417</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deposits and escrow accounts	\$ 22,640	\$ 17,293
Total	<u>\$ 22,640</u>	<u>\$ 17,293</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Escrows payable	\$ 17,293	\$ 16,508
Total	<u>\$ 17,293</u>	<u>\$ 16,508</u>

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

<u>Description</u>	<u>Amount</u>
Attributable to related corporations on combined financial statements	\$ 1,218,062
Total	\$ <u>1,218,062</u>

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

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ 320,849
Total	\$ <u>320,849</u>

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

<u>Description</u>	<u>Amount</u>
Attributable to related corporations on combined financial statements	\$ 1,111,899
Loss on investments	400
Total	\$ <u>1,112,299</u>

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

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ 118,566
Total	\$ <u>118,566</u>

Federal Statements**Statement 12 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93a	NOAH receives fees to manage and market East Boston housing units. All fees are from related entities.
93b	Related entities develop properties to be occupied by low moderate-income families.
93c	NOAH sublet a portion of its offices to other exempt organizations and government entities.
93d	NOAH occasionally receives fees to consult on a variety of program-related issues, and misc program service revenue.

NOAH Neighborhood of Affordable Housing,
 04-2964630
 FYE: 6/30/2005

Federal Statements

5/10/2006

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

EIN	Bus Name	Ownership %	Nature of Activity	Addr	Income	EOY Assets
NOAH Trinity, Inc. 04-3128469	100.0000	Investor in low-inc	143 Border Street		\$ -1,166	\$ -16,455
		housing Ltd Pship			<u>\$ -1,166</u>	<u>\$ -16,455</u>
Total						

**Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

Compensation paid to employees-see Part V Form 990

Federal Statements**Statement 15 - Schedule A, Part VII, Line 51d - Schedule Information**

<u>Line No.</u>	<u>Amount Involved</u>	<u>Name of Noncharitable Exempt Organization</u>	<u>Description of Transfers Transactions, Etc.</u>
		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
		Shalom Properties, Inc Paz Properties, Inc.	Loans and a/r at end of year Loans and a/r at end of year
		Paz Properties, Inc. Shalom Properties, Inc	NOAH provided management services NOAH provided management services
		Paz Properties, Inc.	NOAH provided all payroll and office facilities to Paz Properties, Inc.
		Shalom Properties Inc.	NOAH provided all payroll and office facilities to Shalom Properties, Inc.
		Siochain Properties, Inc.	NOAH provided all payroll and office facilities to Siochain Properties, Inc.

Statement 16 - Schedule A, Part VII, Line 52b - Schedule Information

<u>Name of Organization</u>	<u>Type of Organization</u>	<u>Description of Relationship</u>
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.
Siochain Properties In	501(c)(2)	Serves as general partner in a real estate limited partnership.

Form 990 - General Footnote

Form 990 Part VI - Other Information

Q. 80b - Related Organization

Neighborhood of Affordable Housing, Inc. is related to the following exempt organizations through common management, facilities, and Board membership:

Peace Properties, Inc. 501(c)(3)

NOAH Community Development Fund, Inc. 501(c)(3)

Paz Properties, Inc. 501(c)(2)

Shalom Properties, Inc. 501(c)(2)

Siochain Properties, Inc. 501(c)(2)

Neighborhood of Affordable Housing, Inc. owns 100% of a C corporation, NOAH Trinity, Inc.

Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other Contributions	\$ 314,274	\$	\$ 314,274
Total	\$ 314,274	\$ 0	\$ 314,274

Form 990, Part I, Line 1b - Indirect Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other Contributions	\$ 102,983	\$	\$ 102,983
Total	\$ 102,983	\$ 0	\$ 102,983

Form 990, Part I, Line 1c - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other Contributions	\$ 110,000	\$	\$ 110,000
Total	\$ 110,000	\$ 0	\$ 110,000

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.
BOARD OF DIRECTORS-June 30, 2005

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

David Foss, Board Member
Cumsky and Levin LLP
6 University Place
Cambridge, MA 02138

Dharmena Downey, **Treasurer**
857 Washington Street
Gloucester, MA 01930

Kempton Flemming, Board Member
209 Trenton Street
East Boston, MA 02128

Kathy Burlinson, **Secretary/Clerk**
14 Leverett Ave
East Boston, MA 02128

Nina Gaeta Coletta, Board Member
27 Monmouth Street
East Boston, MA 02128

Anjie Preston, **Assistant Clerk**
35 Wordsworth Street, 1st Floor
East Boston, MA 02128

John Cannon, Board Member
211 Trenton Street
East Boston, MA 02128

Gail Miller, Board Member
232 Orient Avenue
East Boston, MA 02128

None are compensated.

Application for Extension of Time To File Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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).

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

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

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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. 143 Border 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 |

● The books are in the care of ▶ Corporation

Telephone No. ▶ 617-567-5882 FAX No. ▶ _____

● 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-months for a Form 990-T corporation) extension of time until 2/15/06 , 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 7/01/04 , and ending 6/30/05 .

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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Form with fields: Type or print, Name of Exempt Organization (Neighborhood of Affordable Housing, Inc.), Employer identification number (04-2964630), Number, street, and room or suite no. (143 Border Street), City, town or post office, state, and ZIP code (East Boston MA 02128).

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

- Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of Corporation Telephone No. 617-567-5882 FAX No.

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 is for.

- 4 I request an additional 3-month extension of time until 5/15/06
5 For calendar year or other tax year beginning 7/01/04, and ending 6/30/05
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

7 State in detail why you need the extension Return is being completed after unusually late completion of annual audit.

- 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
c Balance Due. Subtract line 8b from line 8a. 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 Title CPA Date 2/13/06

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

By: Director

EXTENSION APPROVED

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form with fields: Name (Jane S. Getter, CPA), Number and street (331 Page Street, 2nd Floor), City or town, province or state, and country (Stoughton MA 02072). Includes date stamp MAR 08 2006 and FIELD DIRECTOR, SUBMISSION PROCESSING, OGDJEN.