

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

2000

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 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 Paz Properties, Inc.
D Employer ID number 04-3206160
E Telephone number 617-567-5882
F Check if application pending

G Org. type (check only one) 501(c)(2)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must

J Accounting method: Cash, Accrual, Other (specify)

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.

Note: H and I are not applicable to section 527 orgs.
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 (Form 990 or 990-EZ)

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a-6c Rental income; 7 Other investment income; 8a-8d Gross amount from sales of assets other than inventory; 9 Special events and activities; 10a-10c Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net assets or fund balances.

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 \$ _____)	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			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	4,500	4,500	
32	Legal fees	32			
33	Supplies	33	2,326	2,326	
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	43,058	43,058	
37	Equipment rental and maintenance	37	27,009	27,009	
38	Printing and publications	38			
39	Travel	39	583	583	
40	Conferences, conventions, and meetings	40			
41	Interest	41	44,081	44,081	
42	Depreciation, depletion, etc. (att. sch.)	42	60,600	60,600	
43	Other expenses (itemize): a	43a			
	b See Statement 1	43b	39,745	39,745	
	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	544	221,902	221,902	0

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>► Holds title to real estate</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 Holds title to real estate; renovates low-income real property; collects rental income and pays expenses of property owned.</p> <p>(Grants and allocations \$ _____)</p>	221,902
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	221,902

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) Beginning of year	(B) End of year
45	Cash-non-interest-bearing		45
46	Savings and temporary cash investments	5,533	46 20,518
47a	Accounts receivable	3,591	
b	Less: allowance for doubtful accounts	47b	47c 3,591
48a	Pledges receivable		48a
b	Less: allowance for doubtful accounts	48b	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)	51a	51c
b	Less: allowance for doubtful accounts	51b	
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	10,455	53 5,480
54	Investments-securities		54
55a	Investments-land, buildings, and equipment: basis	55a	
b	Less: accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment: basis	2,514,659	
b	Less: accumulated depreciation (attach schedule)	57b	57c 2,195,349
58	Other assets (describe See Stmt 2 See Stmt 3)	2,247,962	58 57,522
59	Total assets (add lines 45 through 58) (must equal line 74)	2,317,654	59 2,282,460
60	Accounts payable and accrued expenses	5,336	60 10,671
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	2,410,887	64b 2,401,314
65	Other liabilities (describe See Stmt 4)	10,946	65 11,400
66	Total liabilities (add lines 60 through 65)	2,427,169	66 2,423,385
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	-109,515	67 -140,925
68	Temporarily restricted		68
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 and column (B) must equal line 21)	-109,515	73 -140,925
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,317,654	74 2,282,460

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 5		
	\$ 1,526,884	b	1,526,884
	Add amounts on lines (1) through (4)		
c	Line a minus line b	c	190,492
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):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	190,492

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 6		
	\$ 1,612,332	b	1,612,332
	Add amounts on lines (1) through (4)		
c	Line a minus line b	c	176,107
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 7		
	\$ 45,795	d	45,795
	Add amounts on lines (1) and (2)		
e	Total expenses per line 17, Form 990 (line c plus line d)	e	221,902

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
Key employees are paid by Neighborhood of Affordable Housing, Inc: Schedule attached		0	0	0
		0	0	0
		0	0	0
Philip Giffey 96 Warren Road Framingham, MA	Exec Dir 37.5	0	0	0
Linda Puopolo 11 Avon Street Saugus, MA	Dir of Fin 32	0	0	0
David J. Fernandes 151 Brook Street	Sr Proj Mgr 37.5	0	0	0
Stacey Chacker 12 Glade Ave #2 Jamaica Plain, MA	Dir Comm Dev 32	0	0	0
Officers and 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 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			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.			X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			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?		X	
b	If "Yes," enter the name of the organization Schedule attached 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			
b	Did the organization file Form 1120-POL for this year?			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?			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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.	N/A		
c	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	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?	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955			
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			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
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)			
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 and enter the amount of tax-exempt interest received or accrued during the tax year			

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 Rental properties					188,693
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,799	
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		1,799	188,693
105 Total (add line 104, columns (B), (D), and (E))					190,492

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	The purpose of the Organization is to hold title to and collect rents from buildings which provide housing opportunities of low and moderate income individuals. Net See Statement 8

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
N/A	%			
	%			
	%			
	%			

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: 2/11/02 Check if self-employed: Preparer's SSN or PTIN: 117-38-2055

Firm's name (or your name 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

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 Paz Properties, Inc.	Employer Identification Number 04-3206160
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Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Massachusetts Housing Partnership Fd	n/a
(2) Boston Community Capital	n/a
(3) City of Boston Dept of Neighb Devel	n/a
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 450,000	5/11/95	5/10/10	Monthly payments	8.140
(2) 80,000	3/24/98	3/31/13	Monthly payments	7.000
(3)			Various	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Real estate	Buildings and improvements
(2) Real estate	Buildings and improvements
(3) Real estate	Buildings and improvements
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	428,359	422,396
(2)	73,027	69,417
(3)	1,909,501	1,909,501
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	2,410,887	2,401,314

Federal Statements**General Footnote****Form 990 Part V**

The work of Paz Properties, Inc. is performed by employees of Neighborhood of Affordable Housing, Inc., a related 501(c)(3) corporation. - Paz Properties, Inc. pays management fees for these services. Compensation paid to key employees by Neighborhood of Affordable Housing, Inc. for the year ended 6/30/01 was as follows:

	Compensation	Benefit Plans
Philip Giffie Executive Director	\$ 72,283	\$ 3,605
Linda Puopolo Director of Finance & Admin	\$ 63,600	\$ 4,477
David J. Fernandez Senior Project Manager	\$ 60,500	\$ 7,663
Stacey Chacker Dir of Community Development	\$ 52,475	\$ 4,816

Form 990 Part VI**Q. 80b - Related organizations**

Neighborhood of Affordable Housing, Inc. 501(c)(3)
 Peace Properties, Inc. 501(c)(3)
 Shalom Properties, Inc. 501(c)(2)
 Siochain Properties, Inc. 501(c)(2)

Federal Statements**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
Rental properties	\$	\$	\$	\$
Managment fees	30,541	30,541		
Bank charges	14	14		
Filing fees	85	85		
Pest control	4,455	4,455		
Rent subsidy	4,350	4,350		
Resident resources	300	300		
Total	<u>\$ 39,745</u>	<u>\$ 39,745</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Statement 2 - 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>
Land	\$ 117,476	\$	\$ 117,476	\$
Buildings and improvements	<u>2,396,007</u>	<u>265,521</u>	<u>2,397,183</u>	<u>319,310</u>
Total	<u>\$ 2,513,483</u>	<u>\$ 265,521</u>	<u>\$ 2,514,659</u>	<u>\$ 319,310</u>

Statement 3 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Tenant security deposits	\$ 10,946	\$ 11,400
Escrow account	17,759	13,038
Loan and replacement reserves	<u>21,413</u>	<u>33,084</u>
Total	<u>\$ 50,118</u>	<u>\$ 57,522</u>

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Tenant security deposits and escrows	\$ 10,946	\$ 11,400
Total	<u>\$ 10,946</u>	<u>\$ 11,400</u>

Federal Statements

2/11/2002

Statement 5 - 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	\$ <u>1,526,884</u>
Total	\$ <u><u>1,526,884</u></u>

Statement 6 - 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	\$ <u>1,612,332</u>
Total	\$ <u><u>1,612,332</u></u>

Statement 7 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ <u>45,795</u>
Total	\$ <u><u>45,795</u></u>

Federal Statements

Statement 8 - Form 990, Part VIII - Relationship of Activities

Line No.

Description

rental income is turned over to Neighborhood of
Affordable Housing, 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

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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.

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 PA2 PROPERTIES, INC.	Employer identification number 04-3206160
	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 7/1/00, 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 ▶ [Signature] Title ▶ CPA Date ▶ 11/13/01

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