

Form 990

OMB No. 1545-0047

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)

2002

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 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03

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

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

C Name of organization: Paz Properties, Inc.
Number and street (or P.O. box if mail is not delivered to street address): 22 Paris Street
City or town, state or country, and ZIP + 4: East Boston MA 02128

D Employer ID number: 04-3206160
E Telephone number: 617-567-5882
F Accounting method: [X] Accrual [ ] 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).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter no. of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No
I Enter 4-digit GEN
M Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Web site:

J Organization type (check only one) [X] 501(c) ( 2 ) (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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 307,254

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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 21 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (Itemize): a, b, c, d, e, 44 Total functional expenses.

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 [X] 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 24 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row 1: Holds title to real estate; renovates low-income real property; collects rental income and pays expenses of property owned. (Grants and allocations \$ ) 384,188. Row 2: (Grants and allocations \$ ) Row 3: (Grants and allocations \$ ) Row 4: (Grants and allocations \$ ) Row 5: (Grants and allocations \$ ) Row 6: Other program services (attach schedule) (Grants and allocations \$ ) 0. Row 7: Total of Program Service Expenses (should equal line 44, column (B), Program services) 384,188

**Part IV Balance Sheets** (See page 24 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	14,921	45	6,133	
46	Savings and temporary cash investments		46		
47a	Accounts receivable	5,483			
b	Less: allowance for doubtful accounts		3,588	47c	5,483
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) <b>See Worksheet</b>	75,000			
b	Less: allowance for doubtful accounts		75,000	51c	75,000
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges	8,355	53	7,809	
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)			56	
57a	Land, buildings, and equipment: basis	4,557,602			
b	Less: accumulated depreciation (attach schedule) <b>See Stmt 2</b>	545,928	4,123,562	57c	4,011,674
58	Other assets (describe <b>See Stmt 3</b> )		96,891	58	124,875
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		4,322,317	59	4,230,974
60	Accounts payable and accrued expenses		72,000	60	73,447
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule) <b>See Worksheet</b>		452,369	63	452,369
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule) <b>See Worksheet</b>		3,763,165	64b	3,746,154
65	Other liabilities (describe <b>See Stmt 4</b> )		34,227	65	35,382
66	<b>Total liabilities</b> (add lines 60 through 65)		4,321,761	66	4,307,352
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted		-206,552	67	-283,486
68	Temporarily restricted		207,108	68	207,108
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		556	73	-76,378
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		4,322,317	74	4,230,974

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.

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a	Total revenue, gains, & other support per audited financial statements	a	Total expenses and losses per audited financial statements
	2,386,654	a	2,093,644
b	Amounts included on line a but not on line 12, Form 990:	b	Amounts included on line a but not on line 17, Form 990:
(1)	Net unrealized gains on investments \$	(1)	Donated services and use of facilities \$
(2)	Donated services and use of facilities \$	(2)	Prior year adjustments reported on line 20, Form 990 \$
(3)	Recoveries of prior year grants \$	(3)	Losses reported on line 20, Form 990 \$
(4)	Other (specify): See Stmt 5 \$ 2,079,400	(4)	Other (specify): See Stmt 6 \$ 1,796,243
	Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)
	2,079,400		1,796,243
c	Line a minus line b	c	Line a minus line b
	307,254	c	297,401
d	Amounts included on line 12, Form 990 but not on line a:	d	Amounts included on line 17, Form 990 but not on line a:
(1)	Investment expenses not included on line 6b, Form 990 \$	(1)	Investment expenses not included on line 6b, Form 990 \$
(2)	Other (specify):	(2)	Other (specify): See Stmt 7 \$ 86,787
	Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)
			86,787
e	Total revenue per line 12, Form 990 (line c plus line d)	e	Total expenses per line 17, Form 990 (line c plus line d)
	307,254	e	384,188

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 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
Key employees are paid by Neighborhood of Affordable Housing, Inc: Schedule attached		0	0	0
Philip Giffey 96 Warren Road Framingham, MA	Exec Dir 37.5	0	0	0
Patricia Costa 418 Mass Ave Lexington, MA	Dir of Hsing 37.5	0	0	0
Linda Puopolo 11 Avon Street Saugus, MA	Dir of Fin 37.5	0	0	0
Stacey Chacker 12 Glade Ave #1 Jamaica Plain, MA	Dir Comm Dev 37.5	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 page 26 of the instructions.

Part VI Other Information (See page 27 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 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	
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 <b>Footnote attached</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instr.	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	N/A
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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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	
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 <b>MA</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	
91	The books are in care of <b>Corporation</b> Telephone no. <b>617-567-5882</b> Located at <b>22 Paris St. East Boston, MA</b> ZIP + 4 <b>02128</b>		
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	92	

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <b>Rental properties</b>					<b>305,922</b>
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			<b>14</b>	<b>1,332</b>	
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))		<b>0</b>		<b>1,332</b>	<b>305,922</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>307,254</b>

**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 32 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).
●	<b>See Statement 8</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 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: Kathy Burlinson Date: 2/12/04

Type or print name, and title: Kathy Burlinson

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 2/09/04 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Instr. W): 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

**CLIENT COPY**

Form <b>990/990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2002</b>
For calendar year 2002, or tax year beginning <b>7/01/02</b> , and ending <b>6/30/03</b>		

Name <b>Paz Properties, Inc.</b>	Employer Identification Number <b>04-3206160</b>
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**Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <b>Due from Peace Properties Inc (rel-</b>	
(2) <b>ated corp)</b>	
(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)			
(2)	<b>75,000</b>	<b>75,000</b>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>75,000</b>	<b>75,000</b>	

Form <b>990/990-PF</b>	<b>Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons</b>	<b>2002</b>
For calendar year 2002, or tax year beginning		and ending
<b>7/01/02</b>		<b>6/30/03</b>

Name  <b>Paz Properties, Inc.</b>	Employer Identification Number  <b>04-3206160</b>
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**Form 990, Part IV, Line 63 - Additional Information**

Name of lender	Title
(1) <b>City of Boston Dept of Neighborh Dev</b>	
(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
(1)	<b>452,369</b>	<b>452,369</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>452,369</b>	<b>452,369</b>



Form <b>990/990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2002</b>
For calendar year 2002, or tax year beginning <b>7/01/02</b> , and ending <b>6/30/03</b>		
Name <b>Paz Properties, Inc.</b>		Employer Identification Number <b>04-3206160</b>

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

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

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>450,000</b>	<b>5/11/95</b>	<b>5/10/10</b>	<b>Monthly payments</b>	<b>4.520</b>
(2) <b>80,000</b>	<b>3/24/98</b>	<b>3/31/13</b>	<b>Monthly payments</b>	<b>8.000</b>
(3)			<b>Various</b>	
(4)		<b>10/03/21</b>		<b>7.670</b>
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>416,926</b>	<b>407,988</b>
(2)	<b>65,332</b>	<b>61,100</b>
(3)	<b>1,909,501</b>	<b>1,909,501</b>
(4)	<b>410,090</b>	<b>406,250</b>
(5)	<b>400,000</b>	<b>400,000</b>
(6)	<b>561,316</b>	<b>561,315</b>
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>3,763,165</b>	<b>3,746,154</b>

**Federal Statements****Form 990 - 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 6/30/03 was as follows:

	Compensation	Benefit Plans
Philip Giffiee Executive Director	\$ 83,501	\$ 2,495
Linda Puopolo Director of Finance & Admin	\$ 74,002	\$ 4,607
Patricia Costa Director of Housing	\$ 58,333	\$ 4,800
Stacey Chacker Dir of Community Building	\$ 56,753	\$ 1,477

## Form 990 Part VI

Q. 80b - Related organizations

Paz Properties, Inc. is related to the following organizations exempt under IRC Section 501(c) through common management, facilities and Board membership:

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

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

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Rental properties				
Management fees	24,625	24,625		
Custodial and management fees	24,160	24,160		
Bank charges	62	62		
Filing fees	140	140		
Pest control	6,895	6,895		
Rent subsidy	6,000	6,000		
Resident resources	1,044	1,044		
Security	795	795		
Tenant expenses	3,895	3,895		
Total	<u>\$ 67,616</u>	<u>\$ 67,616</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	\$ 184,476	\$	\$ 184,476	\$
Buildings and improvements	<u>4,373,126</u>	<u>434,040</u>	<u>4,373,126</u>	<u>545,928</u>
Total	<u>\$ 4,557,602</u>	<u>\$ 434,040</u>	<u>\$ 4,557,602</u>	<u>\$ 545,928</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	\$ 19,898	\$ 21,056
Escrow accounts	32,503	46,106
Loan and replacement reserves	44,490	57,713
Total	<u>\$ 96,891</u>	<u>\$ 124,875</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	\$ 19,900	\$ 21,056
Due to Neighborhood of Affordable Housing, Inc (related corp)	14,327	14,327
Due to NOAH Community Development Fund, Inc. (related corp)	<u>14,327</u>	<u>14,327</u>
Total	<u>\$ 34,227</u>	<u>\$ 35,382</u>

## Federal Statements

### 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	\$ 2,079,400
Total	<u>\$ 2,079,400</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	\$ 1,796,243
Total	<u>\$ 1,796,243</u>

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

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ 86,787
Total	<u>\$ 86,787</u>

# Federal Statements

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

Line No.

Description

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 rental income is turned over to Neighborhood of Affordable Housing, Inc.

**PAZ PROPERTIES, INC.**

**BOARD OF DIRECTORS**

**JUNE 30, 2003**

*President*

Mary Ellen Welch

225 Webster St, East Boston, MA 02128

*Vice President*

Harold McFadden

102 Saratoga St, East Boston, MA 02128

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Ulises Rosa

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14 Leverett Av, East Boston, MA 02128

*Assistant Clerk*

Anjie Preston

35 Wordsworth St, East Boston, MA 02128

*Board Members*

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Kim Epstein

48 Electric Av, Somerville, MA 02144

Nina Gaeta-Coletta  
(on leave)

27 Monmouth St, East Boston, MA 02128

Jeff Howe

64 Beal St, Winthrop, MA 02152

Patrice Maye  
(on leave)

32 Monmouth St, East Boston, MA 02128

Gail Miller

232 Orient Av, East Boston, MA 02128

Gloribell Mota

115 Everett St, East Boston, MA 02128

Doris Rubio

152 Falcon St, East Boston, MA 02128

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 <b>Paz Properties, Inc.</b>	Employer identification number <b>04-3206160</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>22 Paris Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>East Boston MA 02128</b>	

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 2/17/04 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 7/01/02 , and ending 6/30/03 .

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

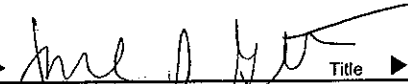
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

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 ▶  Title ▶ CPA

Date ▶ 11/11/03

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)