

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print of type. See Specific Instructions. | <b>C</b> Name of organization<br><b>PEACE PROPERTIES, INC.</b>              |  | <b>D</b> Employer identification number<br><b>04-3173140</b> |   |
|   |   | Number and street (or P.O. box if mail is not delivered to street address)  |  | Room/suite   | <b>E</b> Telephone number   |
|   |   | <b>143 BORDER STREET</b>  |  |  | <b>617-567-5882</b>   |
|   |   | City or town, state or country, and ZIP + 4<br><b>EAST BOSTON, MA 02128</b> |  |  | <b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><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).

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 ▶ **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

I Group Exemption Number ▶ **N/A**

**G** Website: ▶ **WWW.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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**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 ▶ **8,170.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

|   |   |            |           |                  |                |
|---|---|------------|-----------|------------------|----------------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received:  |            |           |                  |                |
|   | <b>a</b> Direct public support  | <b>1a</b>  |           |                  |                |
|   | <b>b</b> Indirect public support  | <b>1b</b>  |           |                  |                |
|   | <b>c</b> Government contributions (grants)  | <b>1c</b>  |           |                  |                |
|   | <b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____ )                                  | <b>1d</b>  |           |                  | <b>0.</b>      |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)           | <b>2</b>   |           |                  |                |
|   | <b>3</b> Membership dues and assessments  | <b>3</b>   |           |                  |                |
|   | <b>4</b> Interest on savings and temporary cash investments   | <b>4</b>   |           |                  |                |
|   | <b>5</b> Dividends and interest from securities   | <b>5</b>   |           |                  | <b>8,170.</b>  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>  |           |                  |                |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>  |           |                  |                |
|   | <b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)  | <b>6c</b>  |           |                  |                |
| <b>7</b> Other investment income (describe ▶ _____ )  | <b>7</b>  |            |           |                  |                |
| <b>8 a</b> Gross amount from sales of assets other than inventory   | (A) Securities  | <b>8a</b>  | (B) Other |                  |                |
|   |   | <b>8a</b>  |           |                  |                |
|   | <b>b</b> Less: cost or other basis and sales expenses   | <b>8b</b>  |           |                  |                |
|   | <b>c</b> Gain or (loss) (attach schedule)   | <b>8c</b>  |           |                  |                |
| <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))  | <b>8d</b>   |            |           |                  |                |
| <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |   |            |           |                  |                |
| <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)  | <b>9a</b>   |            |           |                  |                |
| <b>b</b> Less: direct expenses other than fundraising expenses  | <b>9b</b>   |            |           |                  |                |
| <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)   | <b>9c</b>   |            |           |                  |                |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |            |           |                  |                |
|   | <b>b</b> Less: cost of goods sold   | <b>10b</b> |           |                  |                |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | <b>10c</b> |           |                  |                |
| <b>11</b> Other revenue (from Part VII, line 103)   | <b>11</b>   |            |           |                  |                |
| <b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  | <b>12</b>   |            |           | <b>8,170.</b>    |                |
| Expenses  | <b>13</b> Program services (from line 44, column (B))   | <b>13</b>  |           | <b>1,291.</b>    |                |
|   | <b>14</b> Management and general (from line 44, column (C))   | <b>14</b>  |           | <b>10,292.</b>   |                |
|   | <b>15</b> Fundraising (from line 44, column (D))  | <b>15</b>  |           |                  |                |
|   | <b>16</b> Payments to affiliates (attach schedule)  | <b>16</b>  |           |                  |                |
|   | <b>17</b> Total expenses (add lines 13 and 14, column (A))  | <b>17</b>  |           |                  | <b>11,583.</b> |
| Net Assets  | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)                                  | <b>18</b>  |           | <b>-3,413.</b>   |                |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                       | <b>19</b>  |           | <b>82,442.</b>   |                |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>          | <b>20</b>  |           | <b>-237,796.</b> |                |
|   | <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)                         | <b>21</b>  |           | <b>-158,767.</b> |                |

**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.

| 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) ...<br>(cash \$ <u>0</u> • noncash \$ <u>0</u> .)<br>If this amount includes foreign grants, check here <input type="checkbox"/> |           |                      |                            |                 |
| 23 Specific assistance to individuals (attach schedule) .....  |           |                      |                            |                 |
| 24 Benefits paid to or for members (attach schedule) .....   |           |                      |                            |                 |
| 25 Compensation of officers, directors, etc. ....  | 0.        | 0.                   | 0.                         | 0.              |
| 26 Other salaries and wages .....  |           |                      |                            |                 |
| 27 Pension plan contributions .....  |           |                      |                            |                 |
| 28 Other employee benefits .....   |           |                      |                            |                 |
| 29 Payroll taxes .....   |           |                      |                            |                 |
| 30 Professional fundraising fees .....   |           |                      |                            |                 |
| 31 Accounting fees .....   | 10,292.   |                      | 10,292.                    |                 |
| 32 Legal fees .....  |           |                      |                            |                 |
| 33 Supplies .....  |           |                      |                            |                 |
| 34 Telephone .....   |           |                      |                            |                 |
| 35 Postage and shipping .....  |           |                      |                            |                 |
| 36 Occupancy .....   |           |                      |                            |                 |
| 37 Equipment rental and maintenance .....  | 692.      | 692.                 |                            |                 |
| 38 Printing and publications .....   |           |                      |                            |                 |
| 39 Travel .....  |           |                      |                            |                 |
| 40 Conferences, conventions, and meetings ...  |           |                      |                            |                 |
| 41 Interest .....  | 399.      | 399.                 |                            |                 |
| 42 Depreciation, depletion, etc. (attach schedule)   |           |                      |                            |                 |
| 43 Other expenses not covered above (itemize):   |           |                      |                            |                 |
| a <b>PROFESSIONAL FEES</b> .....   | 200.      | 200.                 |                            |                 |
| b .....  |           |                      |                            |                 |
| c .....  |           |                      |                            |                 |
| d .....  |           |                      |                            |                 |
| e .....  |           |                      |                            |                 |
| f .....  |           |                      |                            |                 |
| g .....  |           |                      |                            |                 |
| 44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....                            | 11,583.   | 1,291.               | 10,292.                    | 0.              |

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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.

| What is the organization's primary exempt purpose? <b>DEVELOPMENT AND RENTAL LOW-TO MODERATE INCOME HOUSING</b>   | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| 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.) |   |
| <b>a DEVELOPMENT OF LOW AND MODERATE INCOME HOUSING PROJECTS</b>  |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 1,291.  |
| <b>b</b>  |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |   |
| <b>c</b>  |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |   |
| <b>d</b>  |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |   |
| <b>e Other program services (attach schedule)</b>   |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |   |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)   | 1,291.  |

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|   |  | (A)<br>Beginning of year                                   |           | (B)<br>End of year |            |
|---|--|--|-----------|--------------------|------------|
| Assets  | 45 Cash - non-interest-bearing .....   | 27,973.  | 45        | 27,115.            |            |
|   | 46 Savings and temporary cash investments .....  |  | 46        |                    |            |
|   | 47 a Accounts receivable .....   | 47a 2,618.   |           |                    |            |
|   | b Less: allowance for doubtful accounts .....  | 47b  | 21,995.   | 47c 2,618.         |            |
|   | 48 a Pledges receivable .....  | 48a  |           |                    |            |
|   | b Less: allowance for doubtful accounts .....  | 48b  |           |                    |            |
|   | 49 Grants receivable .....   |  |           | 49                 |            |
|   | 50 Receivables from officers, directors, trustees,<br>and key employees .....  |  |           | 50                 |            |
|   | 51 a Other notes and loans receivable .....  | 51a 2,282,158.   |           |                    |            |
|   | b Less: allowance for doubtful accounts .....  | 51b  | 253,780.  | 51c 2,282,158.     |            |
|   | 52 Inventories for sale or use .....   |  |           | 52                 |            |
|   | 53 Prepaid expenses and deferred charges .....   |  |           | 53                 |            |
|   | 54 Investments - securities .....  | <input type="checkbox"/> Cost <input type="checkbox"/> FMV |           | 54                 |            |
|   | 55 a Investments - land, buildings, and<br>equipment: basis .....  | 55a  |           |                    |            |
| b Less: accumulated depreciation .....  | 55b  |  | 55c       |                    |            |
| 56 Investments - other .....  | SEE STATEMENT 2  | 187,457.   | 56        | 165,086.           |            |
| 57 a Land, buildings, and equipment: basis .....  | 57a  |  |           |                    |            |
| b Less: accumulated depreciation .....  | 57b  | 994,962.   | 57c       |                    |            |
| 58 Other assets (describe ► )   |  | 231.   | 58        |                    |            |
| 59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....  |  | 1,486,398.   | 59        | 2,476,977.         |            |
| Liabilities   | 60 Accounts payable and accrued expenses .....   |  | 71,869.   | 60                 | 224,745.   |
|   | 61 Grants payable .....  |  |           | 61                 |            |
|   | 62 Deferred revenue .....  |  |           | 62                 |            |
|   | 63 Loans from officers, directors, trustees, and key employees .....   |  |           | 63                 |            |
|   | 64 a Tax-exempt bond liabilities .....   |  | 925,795.  | 64a                | 1,958,049. |
|   | b Mortgages and other notes payable .....  |  |           | 64b                |            |
|   | 65 Other liabilities (describe ► <u>DUE TO AFFILIATES</u> )  |  | 406,292.  | 65                 | 452,950.   |
| 66 <b>Total liabilities.</b> Add lines 60 through 65) .....   |  | 1,403,956.   | 66        | 2,635,744.         |            |
| Net Assets or Fund Balances   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines<br>67 through 69 and lines 73 and 74. |  |           |                    |            |
|   | 67 Unrestricted .....  |  | -463,908. | 67                 | -396,967.  |
|   | 68 Temporarily restricted .....  |  |           | 68                 |            |
|   | 69 Permanently restricted .....  |  | 546,350.  | 69                 | 238,200.   |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and<br>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;<br>column (A) must equal line 19; column (B) must equal line 21) ..... |  | 82,442.  | 73        | -158,767.          |            |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....   |  | 1,486,398.   | 74        | 2,476,977.         |            |



**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... 12

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..... 75b  Yes  No

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? ..... SEE STATEMENT 5 75c  Yes  No

**Note.** Related organizations include section 509(a)(3) supporting organizations.  
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? ..... 75d  Yes  No

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|------------------------|------------------|---|--|
| NONE                 |                        |                  |   |  |
| -----                |                        |                  |   |  |
| -----                |                        |                  |   |  |
| -----                |                        |                  |   |  |
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| -----                |                        |                  |   |  |
| -----                |                        |                  |   |  |
| -----                |                        |                  |   |  |

**Part VI Other Information** (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ..... 76  Yes  No

77 Were any changes made in the organizing or governing documents but not reported to the IRS? ..... 77  Yes  No  
If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ..... 78a  Yes  No  
b If "Yes," has it filed a tax return on Form 990-T for this year? ..... N/A 78b  Yes  No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..... 79  Yes  No

80 a 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  Yes  No  
b If "Yes," enter the name of the organization SEE STATEMENT 4 and check whether it is  exempt or  nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.) ..... 81a  Yes  No 0.

b Did the organization file Form 1120-POL for this year? ..... 81b  Yes  No

Part VI Other Information (continued)

|      |  | Yes | No  |
|------|--|-----|-----|
| 82 a | 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 in Part III.)   |     |     |
|      | 82b N/A  |     |     |
| 83 a | 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?   | X   |     |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible?  |     | X   |
| 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?  |     |     |
|      | N/A  |     |     |
|      | 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.   |     |     |
| c    | Dues, assessments, and similar amounts from members  |     |     |
|      | 85c N/A  |     |     |
| d    | Section 162(e) lobbying and political expenditures   |     |     |
|      | 85d N/A  |     |     |
| e    | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   |     |     |
|      | 85e N/A  |     |     |
| f    | Taxable amount of lobbying and political expenditures (line 85d less 85e)  |     |     |
|      | 85f N/A  |     |     |
| g    | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  |     |     |
|      | N/A  |     |     |
| 85g  |  |     |     |
| h    | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?   |     |     |
|      | N/A  |     |     |
| 85h  |  |     |     |
| 86   | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  |     |     |
|      | 86a N/A  |     |     |
| b    | Gross receipts, included on line 12, for public use of club facilities   |     |     |
|      | 86b N/A  |     |     |
| 87   | 501(c)(12) organizations. Enter: a Gross income from members or shareholders   |     |     |
|      | 87a N/A  |     |     |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  |     |     |
|      | 87b N/A  |     |     |
| 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   |     |
| 88   |  |     |     |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.   |     |     |
| b    | 501(c)(3) and 501(c)(4) organizations. 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  |     | X   |
| 89b  |  |     |     |
| 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.  |
| 90 a | 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, 2005  | 90b | 0   |
| 91 a | The books are in care of THE ORGANIZATION Telephone no. 617-567-5882 Located at 143 BORDER STREET, EAST BOSTON, MA ZIP + 4 02128   |     |     |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 91b | X   |
| c    | At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A  | 91c | X   |
| 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  | N/A |

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

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
|  | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| <b>93</b> Program service revenue:   |                           |               |                                      |               |   |
| a _____  |                           |               |                                      |               |   |
| b _____  |                           |               |                                      |               |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| f Medicare/Medicaid payments .....   |                           |               |                                      |               |   |
| g Fees and contracts from government agencies .....                          |                           |               |                                      |               |   |
| <b>94</b> Membership dues and assessments .....                              |                           |               |                                      |               |   |
| <b>95</b> Interest on savings and temporary cash investments .....           |                           |               |                                      |               |   |
| <b>96</b> Dividends and interest from securities .....                       |                           |               | 14                                   | 8,170.        |   |
| <b>97</b> Net rental income or (loss) from real estate:                      |                           |               |                                      |               |   |
| a debt-financed property .....   |                           |               |                                      |               |   |
| b not debt-financed property .....   |                           |               |                                      |               |   |
| <b>98</b> Net rental income or (loss) from personal property .....           |                           |               |                                      |               |   |
| <b>99</b> Other investment income .....                                      |                           |               |                                      |               |   |
| <b>100</b> Gain or (loss) from sales of assets<br>other than inventory ..... |                           |               |                                      |               |   |
| <b>101</b> Net income or (loss) from special events .....                    |                           |               |                                      |               |   |
| <b>102</b> Gross profit or (loss) from sales of inventory .....              |                           |               |                                      |               |   |
| <b>103</b> Other revenue:  |                           |               |                                      |               |   |
| a _____  |                           |               |                                      |               |   |
| b _____  |                           |               |                                      |               |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| <b>104</b> Subtotal (add columns (B), (D), and (E)) .....                    |                           | 0.            |                                      | 8,170.        | 0.  |
| <b>105</b> Total (add line 104, columns (B), (D), and (E)) .....             |                           |               |                                      |               | 8,170.                                      |

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 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). |
|----------|---|
| ▼        |   |
|          |   |
|          |   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year<br>assets |
|---|--|-----------------------------|---------------------|------------------------------|
| SEE STATEMENT 6   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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 8878 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: 5/9/07 **PHILLIP R. GIFFEE, EXECUTIVE D**  
Type or print name and title.

**Paid Preparer's Use Only** Preparer's signature: *[Signature]* Date: 5/3/07 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4: ALEXANDER, ARONSON, FINNING & CO., P.C.  
21 EAST MAIN STREET  
WESTBORO, MA 01581  
EIN: \_\_\_\_\_ Phone no.: 508-366-9100



**Organization Exempt Under Section 501(c)(3)**

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

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

|   |  |
|---|--|
| Name of the organization<br><b>PEACE PROPERTIES, INC.</b> | Employer identification number<br><b>04: 3173140</b> |
|---|--|

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          |  | 0                |   |  |

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000    | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services ▶ |                     | 0                |

**Part III Statements About Activities** (See page 2 of the instructions.)

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $\blacktriangleright$ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)<br>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? ..... SEE STATEMENT 7   | 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  |
| e   | Transfer of any part of its income or assets? .....  |     | X  |
| 3 a | 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  |
| c   | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....   |     | X  |
| 4 a | 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  $\blacktriangleright$  \_\_\_\_\_
  - 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  $\blacktriangleright$   Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total    |
|--|----------|----------|----------|----------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....  |          |          |          |          |              |
| 16 Membership fees received .....  | 0.       | 100,000. | 578,298. | 3,300.   | 681,598.     |
| 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 .....   |          | 9,250.   | 34,800.  | 22,600.  | 66,650.      |
| 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 .....  | 10,963.  | 231.     |          |          | 11,194.      |
| 19 Net income from unrelated business activities not included in line 18 .....   |          |          |          |          |              |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....  |          |          |          |          |              |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....  |          |          |          |          |              |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....  |          |          |          |          |              |
| 23 Total of lines 15 through 22 .....  | 10,963.  | 109,481. | 613,098. | 25,900.  | 759,442.     |
| 24 Line 23 minus line 17 .....   | 10,963.  | 100,231. | 578,298. | 3,300.   | 692,792.     |
| 25 Enter 1% of line 23 .....   | 110.     | 1,095.   | 6,131.   | 259.     |              |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....  |          |          |          |          | 26a 13,856.  |
| 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....   |          |          |          |          | 26b 0.       |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) .....  |          |          |          |          | 26c 692,792. |
| d Add: Amounts from column (e) for lines: 18 <u>11,194.</u> 19 _____<br>22 _____ 26b _____ .....   |          |          |          |          | 26d 11,194.  |
| e Public support (line 26c minus line 26d total) .....   |          |          |          |          | 26e 681,598. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....   |          |          |          |          | 26f 98.3842% |
| 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: N/A<br>(2004) _____ (2003) _____ (2002) _____ (2001) _____ .....  |          |          |          |          |              |
| 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 11b, 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: N/A<br>(2004) _____ (2003) _____ (2002) _____ (2001) _____ ..... |          |          |          |          |              |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____<br>17 _____ 20 _____ 21 _____ .....  |          |          |          |          | 27c N/A      |
| d Add: Line 27a total _____ and line 27b total _____ .....   |          |          |          |          | 27d N/A      |
| e Public support (line 27c total minus line 27d total) .....   |          |          |          |          | 27e N/A      |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) .....  |          |          |          |          | 27f N/A      |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....   |          |          |          |          | 27g N/A %    |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....   |          |          |          |          | 27h N/A %    |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|   |   | Yes | No |
|---|---|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....   |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....  |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... |     |    |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)        |   |     |    |
| .....   |   |     |    |
| .....   |   |     |    |
| .....   |   |     |    |
| 32  | Does the organization maintain the following:   |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff? .....   | 32a |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....   | 32b |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....   | 32c |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions? .....  | 32d |    |
| 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? .....   | 33a |    |
| b   | Admissions policies? .....  | 33b |    |
| c   | Employment of faculty or administrative staff? .....  | 33c |    |
| d   | Scholarships or other financial assistance? .....   | 33d |    |
| e   | Educational policies? .....   | 33e |    |
| f   | Use of facilities? .....  | 33f |    |
| g   | Athletic programs? .....  | 33g |    |
| h   | Other extracurricular activities? .....   | 33h |    |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) |   |     |    |
| .....   |   |     |    |
| .....   |   |     |    |
| 34 a  | Does the organization receive any financial aid or assistance from a governmental agency? .....   | 34a |    |
| b   | Has the organization's right to such aid ever been revoked or suspended? .....  | 34b |    |
| 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 .....   | 35  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

| <b>Limits on Lobbying Expenditures</b>                    |  | (a)<br>Affiliated group<br>totals | (b)<br>To be completed for ALL<br>electing organizations |
|---|--|-----------------------------------|--|
| (The term "expenditures" means amounts paid or incurred.) |  | N/A                               |  |
| 36  | Total lobbying expenditures to influence public opinion (grassroots lobbying) .....    | 36                                |  |
| 37  | Total lobbying expenditures to influence a legislative body (direct lobbying) .....    | 37                                |  |
| 38  | Total lobbying expenditures (add lines 36 and 37) .....                                | 38                                |  |
| 39  | Other exempt purpose expenditures .....  | 39                                |  |
| 40  | Total exempt purpose expenditures (add lines 38 and 39) .....                          | 40                                |  |
| 41  | Lobbying nontaxable amount. Enter the amount from the following table -                |                                   |  |
|   | If the amount on line 40 is -                      The lobbying nontaxable amount is - |                                   |  |
|   | Not over \$500,000 .....   |                                   |  |
|   | Over \$500,000 but not over \$1,000,000 .....  |                                   |  |
|   | Over \$1,000,000 but not over \$1,500,000 .....  |                                   |  |
|   | Over \$1,500,000 but not over \$17,000,000 .....                                       |                                   |  |
|   | Over \$17,000,000 .....  |                                   |  |
| 42  | Grassroots nontaxable amount (enter 25% of line 41) .....                              | 42                                |  |
| 43  | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....         | 43                                |  |
| 44  | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....         | 44                                |  |

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

**4-Year Averaging Period Under Section 501(h)**

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

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A          |
|---|--|-------------|-------------|-------------|--------------|
|   | (a)<br>2005  | (b)<br>2004 | (c)<br>2003 | (d)<br>2002 | (e)<br>Total |
| 45  | Lobbying nontaxable amount .....                     |             |             |             | 0.           |
| 46  | Lobbying ceiling amount (150% of line 45(e)) .....   |             |             |             | 0.           |
| 47  | Total lobbying expenditures .....                    |             |             |             | 0.           |
| 48  | Grassroots nontaxable amount .....                   |             |             |             | 0.           |
| 49  | Grassroots ceiling amount (150% of line 48(e)) ..... |             |             |             | 0.           |
| 50  | Grassroots lobbying expenditures .....               |             |             |             | 0.           |

**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

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes                | No | Amount |
|---|--------------------|----|--------|
|   | a Volunteers ..... |    |        |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....  |                    |    |        |
| c Media advertisements .....  |                    |    |        |
| d Mailings to members, legislators, or the public .....   |                    |    |        |
| e Publications, or published or broadcast statements .....  |                    |    |        |
| f Grants to other organizations for lobbying purposes .....   |                    |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body .....  |                    |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....  |                    |    |        |
| i Total lobbying expenditures (Add lines c through h.) .....  |                    |    | 0.     |

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



FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

| DESCRIPTION                        | AMOUNT    |
|------------------------------------|-----------|
| PRIOR PERIOD ADJUSTMENT            | -254,189. |
| FORGIVENESS OF DEBT                | 60,000.   |
| SHARE OF LOSS ON INVESTMENT        | -43,607.  |
| TOTAL TO FORM 990, PART I, LINE 20 | -237,796. |

FORM 990 OTHER INVESTMENTS STATEMENT 2

| DESCRIPTION                                   | VALUATION METHOD | AMOUNT   |
|---|------------------|----------|
| INVESTMENTS IN SECURITIES                     | COST             | 143,850. |
| DUE TO AFFILIATES                             | COST             | 21,236.  |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B |                  | 165,086. |

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 3

| DESCRIPTION                  | AMOUNT   |
|------------------------------|----------|
| FORGIVENESS OF DEBT          | -60,000. |
| SHARE OF LOSS ON INVESTMENT  | 43,607.  |
| TOTAL TO FORM 990, PART IV-A | -16,393. |

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 4  
PART VI, LINE 80B

| NAME OF ORGANIZATION                     | EXEMPT | NONEXEMPT |
|--|--------|-----------|
| NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. | X      |           |
| PAZ PROPERTIES, INC.                     | X      |           |
| SHALOM PROPERTIES, INC.                  | X      |           |
| SIOCHAIN PROPERTIES, INC.                | X      |           |
| NOAH COMMUNITY DEVELOPMENT FUND, INC.    | X      |           |
| 143 BORDER STREET, INC.                  |        | X         |
| NOAH TRINITY, INC.                       |        | X         |
| AMANI PROPERTIES, LLC                    |        | X         |
| PACE BORDER, LLC                         |        | X         |

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 5

| <u>OFFICER'S NAME</u> | <u>COMPENSATION</u> | <u>EMPLOYEE<br/>BENEFIT PLAN<br/>CONTRIBUTION</u> | <u>EXPENSE<br/>ACCOUNT</u> |
|-----------------------|---------------------|---|----------------------------|
| PHILLIP GIFFEE        | 82,312.             | 10,876.   |                            |

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. (NOAH, INC.)

04-2964630

RELATIONSHIP BETWEEN ORGANIZATIONS

PEACE PROPERITES IS WHOLLY OWNED BY NOAH, INC.

COMPENSATION DESCRIPTION

SALARY AND RELATED COSTS.



FORM 990

PART IX - INFORMATION REGARDING TAXABLE  
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 6

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

143 BORDER STREET, INC.

ADDRESS

143 BORDER STREET, EAST BOSTON, MA 02128

| EMPLOYER<br>ID NUMBER | PERCENT<br>OWNED | NATURE OF ACTIVITIES | TOTAL<br>INCOME | END-OF-YEAR<br>ASSETS |
|-----------------------|------------------|----------------------|-----------------|-----------------------|
| 04-0749274            | 100.00%          | RENTAL               | -43,607.        | 143,796.              |

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2B

STATEMENT 7

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SEE ATTACHMENT FOR SUMMARY OF  
RELATED PARTY TRANSACTIONS

**PEACE PROPERTIES, INC.**

**FEIN: 04-3173140**

**6/30/06**

**RELATED PARTY TRANSACTIONS**

**Attachment to Form 990, Schedule A, Part III**

**PAGE I**

**RELATED PARTY TRANSACTIONS**

**Pace Border Limited Liability Corporation (Pace Border)** was formed as a limited liability company for the purposes of acquiring and developing a commercial property located at 143 Border Street, East Boston. The commercial property consists of two condominium units, one of which was sold in August, 2004. The remaining unit is occupied by NOAH as tenant. Rental income from NOAH was approximately \$96,000 for the year ended June 30, 2006.

Pace Border's fiscal year end is December 31<sup>st</sup>. The financial statements of Pace Border are reflected as of December 31, 2005. There were no transactions during the period January 1, 2006 through June 30, 2006, that were material and required adjustment of the December 31, 2005 financial statements.

143 Border Street Inc., wholly owned by Peace Properties, Inc., is the Managing Member of Pace Border. The Managing Member owed Pace Border \$28,324 which is included in due from affiliates in the accompanying combining statement of financial position as of June 30, 2006.

Pace Border has a \$235,000 note payable to Peace Properties, Inc. (see Note 4). The note bears interest at 3.5% and is due March 31, 2034. There was outstanding principal balance of \$235,000 and accrued interest of \$19,189 at June 30, 2006, which is included in notes payable, accrued interest, and due from affiliate in the accompanying combining statement of financial position. During the year ended June 30, 2006, NOAH billed Pace Border \$1,060 for management, administrative and maintenance expenses. As of June 30, 2006, Pace Border also owed NOAH \$136,062 for developer fees which is included in deferred developer fees payable in the accompanying combining statement of financial position. These amounts are fully reserved by NOAH because they are not expected to be realized in the near term.

**Shalom Properties, Inc. (Shalom)** was formed in 1997 as a non-profit 501(c)(3) affiliate of NOAH for the purpose of acquiring, rehabilitating, and operating a rental housing project. During the year ended June 30, 2006, NOAH billed Shalom \$110,746 for management, administrative and maintenance expenses. As of June 30, 2006, Shalom owed NOAH \$86,876 of management fees which is included in due to affiliate in the accompanying combining statement of financial position. This amount is fully reserved by NOAH because it is not expected to be realized in the near term.

**Paz Properties, Inc. (Paz)** was formed in 1993 as a non-profit 501(c)(2) affiliate of NOAH for the purpose of acquiring, rehabilitating, and operating a rental housing project. During the year ended June 30, 2006, NOAH billed Paz \$135,580 for management, administrative and maintenance expenses. As of June 30, 2006, Paz owed NOAH \$95,298 of management fees which is included in due to affiliate in the accompanying combining statement of financial position. This amount is fully reserved by NOAH because it is not expected to be realized in the near term.

**PEACE PROPERTIES, INC.**

**FEIN: 04-3173140**

**6/30/06**

**RELATED PARTY TRANSACTIONS**

**Attachment to Form 990, Schedule A, Part III**

**PAGE II**

**Project Development**

**Peace Properties, Inc. (Peace Properties)** was formed in 1992 as a non-profit 501(c)(3) affiliate of NOAH for the purpose of developing low to moderate income housing.

NOAH CDFI lent Peace Properties capital funds to invest in its real estate development activities. There was \$100,000 outstanding at June 30, 2006, which is included in contracts, loans and other receivables and notes payable in the accompanying combining statement of financial position. Borrowings are due August, 2007, and bear interest at 5% per annum, payable monthly. As of June 30, 2006, Peace Properties also owed NOAH \$19,619 for cash advances. This amount is included in due to affiliate in the accompanying combining statement of financial position at June 30, 2006. These amounts are fully reserved by NOAH and NOAH CDFI because the amounts are not expected to be realized in the near term.

Peace Properties has an investment in Pace Border. Peace Properties records its investment under the equity method of accounting. As of June 30, 2006, Peace Properties investment in Pace Border is \$143,850 and is included in investments in the accompanying combining statement of financial position. Peace Properties' share of Pace Border's losses for the year ended December 31, 2005 was \$43,607 and is included in the accompanying combining statement of activities.

**Amani Properties Limited Liability Corporation (Amani Properties)** was formed in June, 2006, as a limited liability company for the purpose of engaging in the development, management and conveyance of interests in the real properties known as and located at 10 Border Street and 427-429 Falcon Street in East Boston, Massachusetts. NOAH is the sole member of Amani Properties. During fiscal year 2006, NOAH made a capital contribution of \$100 to Amani Properties.

**NOAH Community Development Fund, Inc. (NOAH CDFI)** was formed in 2001 as a non-profit affiliate of NOAH to provide loans and counseling for home ownership to low to moderate income residents.

NOAH CDFI is certified by the United States Department of Treasury's Community Development Financial Institutions Fund as a Community Development Financial Institution and as a Community Development Entity.

NOAH CDFI has used the funds for loans in accordance with NW guidelines (see Note 1). NOAH CDFI sets general policy, project criteria guidelines, and makes decisions with respect to this fund. NOAH CDFI maintains final responsibility for all funds received and ensures that such funds are used in a manner consistent with NOAH CDFI's Board's directives and NW donor restrictions.

NOAH CDFI lent Peace Properties capital funds to invest in its real estate development activities. There was \$100,000 outstanding at June 30, 2006, which is included in contracts, loans and other receivables in the accompanying combining statement of financial position. Borrowings are due August, 2007, and bear interest at 5% per annum, payable monthly.

**PEACE PROPERTIES, INC.**

**FEIN: 04-3173140**

**6/30/06**

**RELATED PARTY TRANSACTIONS**

**Attachment to Form 990, Schedule A, Part III**

**PAGE III**

**Other Entities**

NOAH also maintains the following interest in other general partners:

- NOAH Trinity, Inc., 1% General Partner of NOAH Trinity Limited Partnership. NOAH owns 100% of this corporation's common stock.
- Siochain Properties, Inc., 0.01% General Partner of Siochain Properties Limited Partnership. Siochain is a 501(c)(2) organization and is controlled by NOAH.

NOAH performs property management services for NOAH's related rental property entities. These properties are directly billed management fees for NOAH's staff assigned to the property, along with related expenses.

Transactions between NOAH and these combining entities were as follows:

|                               | <b>Rental Programs</b> | <b>NOAH</b>     |
|-------------------------------|------------------------|-----------------|
| Property management fees      | \$247,386              | \$ -            |
| Rent charged for use of space | -                      | 95,366          |
|                               | <u>\$247,386</u>       | <u>\$95,366</u> |

Balances between these entities as of June 30, 2006, were as follows:

|   | <b><u>NOAH</u></b> | <b><u>Peace and Amani Properties</u></b> | <b><u>Rental Programs</u></b> | <b><u>NOAH CDFI</u></b> | <b><u>Total</u></b> |
|---|--------------------|--|-------------------------------|-------------------------|---------------------|
| NOAH                                    | \$ -               | \$305,224                                | \$328,453                     | \$252,348               | \$ 886,025          |
| Peace Properties receivables            | 100                | -  | 400,039                       | -                       | 400,139             |
| Rental Program receivables              | 1,055              | 103,324                                  | -                             | -                       | 104,379             |
| NOAH CDFI receivable                    | <u>45,000</u>      | <u>144,402</u>                           | <u>14,325</u>                 | -                       | <u>203,727</u>      |
| Subtotal                                | 46,155             | 552,950                                  | 742,817                       | 252,348                 | 1,594,270           |
| Less - allowances for doubtful accounts | -                  | <u>480,223</u>                           | <u>582,642</u>                | -                       | <u>1,062,865</u>    |
| Total                                   | <u>\$46,155</u>    | <u>\$ 72,727</u>                         | <u>\$160,175</u>              | <u>\$252,348</u>        | <u>\$ 531,405</u>   |

**PEACE PROPERTIES, INC.**

**FEIN: 04-3173140**

**6/30/06**

**RELATED PARTY TRANSACTIONS**

**Attachment to Form 990, Schedule A, Part III**

**PAGE IV**

**NOAH Trinity Limited Partnership** (NOAH Trinity) was formed in December, 1990, as a limited partnership for the purpose of acquiring, rehabilitating, and operating a rental housing project. NOAH has equity of \$71,470 in NOAH Trinity, Inc. NOAH has advanced funds of \$9,914 to NOAH Trinity, Inc. and \$80,372 to NOAH Trinity. NOAH also provides management services to NOAH Trinity. During 2006, NOAH billed NOAH Trinity \$27,989 for management fees.

**Siochain Properties Limited Partnership** was formed in October, 1999, as a limited partnership for the purpose of acquiring, rehabilitating, and operating a rental housing project. Siochain Properties, Inc. is the General Partner, holding a .01% interest and the Limited Partner, Citizens Bank of Massachusetts, holds a 99.99% interest. NOAH has advanced funds of \$44,249 to Siochain Properties Limited Partnership. NOAH also earned management fees of \$38,027 for the year. Amounts due from the partnership were \$17,898 at June 30, 2006.

**143-153 Border Street Condominium Trust** (the Trust) was created as the "Organization of Unit Owners" as required by the provisions of Chapter 183A of the Massachusetts General Laws for the purpose of managing and regulating the 143-153 Border Street Condominium established and created by a Master Deed executed by Peace Properties. One condominium unit is occupied by NOAH and Affiliates and the other is occupied by another organization. NOAH is the manager of 143-153 Border Street Condominium Trust. NOAH earned \$26,630 in management fees for the year ended June 30, 2006. Amounts due from the Trust were \$1,274 at June 30, 2006.

**Peace Properties Inc.**  
**FEIN: 04-3173140**  
**Board of Directors**  
**Attachment Form 990, Part V-A**  
**6/30/06**

Mary Ellen Welch  
President

David Foss  
Vice President

Dharmena Downey  
Treasurer

Rose Fiore  
Assistant Treasurer

Angie Preston  
Secretary/Clerk

Kathy Burlinson  
Assistant Secretary

John Cannon  
Kempton Flemming  
Nina Gaeta-Coletta  
Jean Healey  
Venancio Martinez  
Gloribell Mota

All of the above can be reached at:

143 Border Street  
East Boston, MA 02128

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

|  |  |   |
|--|--|---|
| Type or print.<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>PEACE PROPERTIES, INC.</b>   | Employer identification number<br><b>04-3173140</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>143 BORDER STREET</b>                       | For IRS use only                                    |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><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-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 6069 |                                    |

**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 **THE 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 **MAY 15, 2007**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**
- 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  
**INFORMATION NEEDED TO FILE A RETURN IS NOT YET AVAILABLE.**

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 ..... \$ \_\_\_\_\_ **N/A**

**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 *CFA* Date *2/3/07*

**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 \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**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.

|                |  |
|----------------|--|
| Type or print. | Name<br><b>ALEXANDER, ARONSON, FINNING &amp; CO., P.C.</b>   |
|                | Number and street (include suite, room, or apt. no.) or a P.O. box number<br><b>21 E. MAIN STREET</b>    |
|                | City or town, province or state, and country (including postal or ZIP code)<br><b>WESTBORO, MA 01581</b> |

523632  
05-01-05



# Application for Extension of Time To File an Exempt Organization Return

▶ 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  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](http://www.irs.gov/efile).

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of Exempt Organization<br><b>PEACE PROPERTIES, INC.</b>   | Employer identification number<br><b>0403173140</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>143 BORDER STREET</b>                       |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><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-BF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE CORPORATION**  
 Telephone No. ▶ **617056705882** 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 **FEBRUARY 15, 2007** 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 **JUL 1, 2005**, and ending **JUN 30, 2006**.

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-BF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \_\_\_\_\_ \$ \_\_\_\_\_

b If this application is for Form 990-BF 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 \_\_\_\_\_ \$ **N/A**

**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.