

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

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: Shalom Properties, Inc. D Employer ID number: 04-3358724. E Telephone number: 617-567-5882. F Check if application pending.

G Org. type (check only one): 501(c)(2) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

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); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 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 Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	4,500	4,500		
32	Legal fees				
33	Supplies	4,654	4,654		
34	Telephone				
35	Postage and shipping				
36	Occupancy	54,438	54,438		
37	Equipment rental and maintenance	41,804	41,804		
38	Printing and publications				
39	Travel	51	51		
40	Conferences, conventions, and meetings				
41	Interest	56,994	56,994		
42	Depreciation, depletion, etc. (att. sch.)	34,475	34,475		
43	Other expenses (itemize): a				
	b See Statement 1	47,411	47,411		
	c				
	d				
	e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 44	244,327	244,327	0	0

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

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

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

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>► Holds title to real estate</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a Holds title to real estate; renovates low-to-moderate income real property; collects rental income and pays expenses of property owned.</p> <p>(Grants and allocations \$ _____)</p>	244,327
<p>b _____</p> <p>(Grants and allocations \$ _____)</p>	
<p>c _____</p> <p>(Grants and allocations \$ _____)</p>	
<p>d _____</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	244,327

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
45 Cash-non-interest-bearing					45	
46 Savings and temporary cash investments				9,316	46	6,879
47a Accounts receivable						
b Less: allowance for doubtful accounts				525	47c	
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 Less: allowance for doubtful accounts					51c	
52 Inventories for sale or use					52	
53 Prepaid expenses and deferred charges				5,885	53	7,967
54 Investments-securities					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				57a	1,597,601	
b Less: accumulated depreciation (attach schedule)				57b	122,450	
58 Other assets (describe See Stmt 2 <input type="checkbox"/> See Stmt 3)				58	1,478,011	1,475,151
59 Total assets (add lines 45 through 58) (must equal line 74)				59	1,532,532	1,525,825
60 Accounts payable and accrued expenses				60	7,005	10,614
61 Grants payable				61		
62 Deferred revenue				62		
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63		
64a Tax-exempt bond liabilities (attach schedule)				64a		
b Mortgages and other notes payable (attach schedule) See Worksheet				64b	1,430,460	1,418,386
65 Other liabilities (describe See Stmt 4)				65	13,672	14,688
66 Total liabilities (add lines 60 through 65)				66	1,451,137	1,443,688
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
67 Unrestricted				67	-18,605	-17,863
68 Temporarily restricted				68		
69 Permanently restricted				69	100,000	100,000
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
70 Capital stock, trust principal, or current funds				70		
71 Paid-in or capital surplus, or land, building, and equipment fund				71		
72 Retained earnings, endowment, accumulated income, or other funds				72		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)				73	81,395	82,137
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				74	1,532,532	1,525,825

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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

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

a	Total revenue, gains, and other support per audited financial statements	a	1,717,376
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): See Stmt 5		
	\$ 1,472,307	b	1,472,307
	Add amounts on lines (1) through (4)		
c	Line a minus line b	c	245,069
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): See Stmt 6		
	\$	d	
	Add amounts on lines (1) and (2)		
e	Total revenue per line 12, Form 990 (line c plus line d)	e	245,069

a	Total expenses and losses per audited financial statements	a	1,789,006
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): See Stmt 7		
	\$ 1,617,159	b	1,617,159
	Add amounts on lines (1) through (4)		
c	Line a minus line b	c	171,847
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): See Stmt 8		
	\$ 72,480	d	72,480
	Add amounts on lines (1) and (2)		
e	Total expenses per line 17, Form 990 (line c plus line d)	e	244,327

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Key employees are paid by Neighborhood of Affordable Housing, Inc. Schedule attached				
Philip Giffee 96 Warren Road Framingham, MA	Exec Dir 37.5	0	0	0
Linda Puopolo 11 Avon Street Saugus, MA	Dir of Fin 32	0	0	0
David J. Fernandes 151 Brook Street E. Boston, MA	Sr Proj Mgr 37.5	0	0	0
Stacey Chacker 12 Glade Av #2 Jamaica Plain, MA	Dir Comm Dev 32	0	0	0
		0	0	0
Maria Torres		0	0	0
Officers and Directors - Schedule attached				
		0	0	0

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

Part VI Other Information (See Specific Instructions on page 26.)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			X
78a Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?			X
b If "Yes," has it filed a tax return on Form 990-T for this year?			X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X		
b If "Yes," enter the name of the organization Schedule attached and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81			
b Did the organization file Form 1120-POL for this year?			X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
84a Did the organization solicit any contributions or gifts that were not tax deductible?			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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A		
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b Gross receipts, included on line 12, for public use of club facilities			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a List the states with which a copy of this return is filed MA			
b Number of employees employed in the pay period that includes March 12, 2000 (See instructions)			
91 The books are in care of Corporation Telephone no. 617-567-5882 Located at 22 Paris Street East Boston, MA ZIP code 02128			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

	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	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a Development fees					4,584
b Rental income					239,611
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					874
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	245,069
105 Total (add line 104, columns (B), (D), and (E))					245,069

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	.
93b	The purpose of the Corporation is to hold title to and collect rents from buildings which provide housing
	See Statement 9

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, on page 14.)

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address, and ZIP code			

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

Preparer's signature: *Jane S. Getter* Date: 2/09/02 Check if self-employed: Preparer's SSN or PTIN: 117-38-2055

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

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

Mortgages and Other Notes Payable

Form **990**

2000

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

Name Shalom Properties, Inc.	Employer Identification Number 04-3358724
--	---

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

Name of lender	Relationship to disqualified person
(1) Neighborhood of Affordable Housing	Related 501(c)(3) corporation
(2) Massachusetts Housing Partnership Fd	n/a
(3) Massachusetts Housing Partnership Fd	n/a
(4) City of Boston Dept of Neighb. Dev.	n/a
(5) City of Boston Dept of Neighb. Dev.	n/a
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2) 747,658	10/07/97	10/06/17		7.970
(3) 245,339	10/08/97	10/06/17		
(4) 245,339	10/08/97	10/07/17		
(5) 279,678				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) n/a	Intercompany advances
(2) Real property	Buildings and improvements
(3) n/a	Rehabilitation of real estate
(4) n/a	Rehabilitation of real estate
(5) Real property	Buildings and improvements
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	10,218	10,218
(2)	720,564	708,490
(3)	245,339	245,339
(4)	245,339	245,339
(5)	209,000	209,000
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,430,460	1,418,386

Federal Statements**General Footnote**

Form 990 Part V

The work of Shalom Properties, Inc. is performed by employees of Neighborhood of Affordable Housing, Inc., a related 501(c)(3) corporation. Shalom Properties pays management fees for these services. Compensation paid to key employees by Neighborhood of Affordable Housing, Inc. for the year ended 6/30/00 was as follows:

	Compensation	Benefit Plans
Philip Giffie Executive Director	\$ 76,283	\$ 3,605
Linda Puopolo Director of Finance & Admin	\$ 63,600	\$ 4,477
David J. Fernandes Senior Project Manager	\$ 60,500	\$ 7,663
Stacey Chacker Senior Project Manager	\$ 52,475	\$ 4,816
Maria Torres Dir		

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Managment fees	41,160	41,160		
Bank charges	22	22		
Filing fees	140	140		
Landscaping	409	409		
Pest control	5,400	5,400		
Resident resources	280	280		
Total	<u>\$ 47,411</u>	<u>\$ 47,411</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>
Buildings and improvements - rental	\$ 1,265,274	\$ 83,188	\$ 1,296,889	\$ 115,269
Prev\development costs	95,744	4,787	95,744	7,181
	<u>204,968</u>		<u>204,968</u>	
Total	<u>\$ 1,565,986</u>	<u>\$ 87,975</u>	<u>\$ 1,597,601</u>	<u>\$ 122,450</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Tenants security deposits	\$ 13,672	\$ 14,688
Tax escrows and replacement reserves	25,123	21,140
Total	<u>\$ 38,795</u>	<u>\$ 35,828</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Tenants security deposits	\$ 13,672	\$ 14,688
Total	<u>\$ 13,672</u>	<u>\$ 14,688</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	\$ <u>1,472,307</u>
Total	\$ <u><u>1,472,307</u></u>

Statement 6 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ <u> </u>
Total	\$ <u><u> 0</u></u>

Statement 7 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

<u>Description</u>	<u>Amount</u>
Attributable to related corporations on combined financial statements	\$ <u>1,617,159</u>
Total	\$ <u><u>1,617,159</u></u>

Statement 8 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
Combining entries - related corporations	\$ <u>72,480</u>
Total	\$ <u><u>72,480</u></u>

Federal Statements

Statement 9 - Form 990, Part VIII - Relationship of Activities

Line No.

Description

opportunities for low and moderate-income individuals.
Net rental income is turned over to Neighborhood of
Affordable Housing, Inc.

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

BOARD OF DIRECTORS

JUNE 30, 2001

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

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

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

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

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

Andrew Bartolini
1109 Broadway, #2
Somerville, MA 02144

Michael Dasaro
16 Shapley Avenue
Medford, MA 02155

Dharmena Downey
140 Bayswater
East Boston, MA 02128

Gladys Fuccione
440 Meridian Street
East Boston, MA 02128

Roberta Marchi
422 Meridian Street
East Boston, MA 02128

Patrice Maye
32 Monmouth Street
East Boston, MA 02128

Gail Miller
232 Orient Avenue
East Boston, MA 02128

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

Nancei Radicchi
146 Trenton Street
East Boston, MA 02128

≡
None compensated

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <i>SHALOM PROPERTIES, INC</i>	Employer identification number <i>04-3358724</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>22 PARIS Street</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>EAST BOSTON, MA 02128</i>	

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

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

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

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

▶ calendar year _____ or

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

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

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

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

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

Signature and Verification

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

Signature ▶ June J. Yett Title ▶ CPA

Date ▶ 11/13/01
Form 8868 (12-2000)

For Paperwork Reduction Act Notice, see Instruction