

Form **990-EZ**

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

OMB No. 1545-1150

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Siochain Properties, Inc.</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>22 Paris Street</u> City or town, state or country, and ZIP + 4 <u>East Boston MA 02128</u>	D Employer identification number <u>04-3488694</u> E Telephone number <u>617-567-5882</u> F Enter 4-digit (GEN) ▶
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify) ▶

I Web site: ▶ _____

J Organization type (check only one)- 501(c) (2) (Insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received							
	2 Program service revenue including government fees and contracts							
	3 Membership dues and assessments							
	4 Investment income							
R e v e n u e	5a Gross amount from sale of assets other than inventory	5a						
	b Less: cost or other basis and sales expenses	5b						
	c Gain or (loss) from sale of assets other than inventory (ln. 5a less ln. 5b) (att. sch.)	5c						
E x p e n s e s	6 Special events and activities (attach schedule):							
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a						
	b Less: direct expenses other than fundraising expenses	6b						
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c						
	7a Gross sales of inventory, less returns and allowances	7a						
	b Less: cost of goods sold	7b						
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c						
	8 Other revenue (describe ▶ _____)	8						
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9						0
	10 Grants and similar amounts paid (attach schedule)	10						
	11 Benefits paid to or for members	11						
	12 Salaries, other compensation, and employee benefits	12						
	13 Professional fees and other payments to independent contractors	13						
	14 Occupancy, rent, utilities, and maintenance	14						
	15 Printing, publications, postage, and shipping	15						
	16 Other expenses (describe ▶ <u>See Stmt 1</u>)	16						35
	17 Total expenses (add lines 10 through 16)	17						35
A s s e t s	18 Excess or (deficit) for the year (line 9 less line 17)	18						-35
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19						-789
	20 Other changes in net assets or fund balances (attach explanation) <u>See Stmt 2</u>	20						521
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21						-303

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 39 of the instructions.)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments			
23 Land and buildings			
24 Other assets (describe ▶ _____)			
25 Total assets		0	0
26 Total liabilities (describe ▶ <u>See Stmt 3</u>)		789	303
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		-789	-303

CLIENT COPY
 PRO FORMA - NOT FILED WITH IRS

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?
Housing for low-to-moderate income individuals and families.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the no. of persons benefited, or other relevant information for each program title.

28	N/A	(Grants \$)	28a
29		(Grants \$)	29a
30		(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the yr.? (If "Yes," att. a stmt.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		0
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instr. & enter the amount involved.		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 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 (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," att. an explanation.		
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41 List the states with which a copy of this return is filed.		MA
42 The books are in care of Corporation Telephone no. 617-567-5882		
Located at East Boston, MA ZIP + 4 02128		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature: *Jane S. Getter* Date: 2/07/04 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 117-38-2055

Firm's name (or yours if self-employed): Jane S. Getter, CPA EIN: 04-3038464

address, and ZIP + 4: 331 Page Street, 2nd Floor Stoughton, MA 02072 Phone no.: 781-297-9700

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
Expenses	
Filing fees	35
Total	\$ 35

Statement 2 - Form 990-EZ, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Unrealized loss on investments (K-1 Passthrough)	\$ -14
Adjust to audited financial statements	535
Total	\$ 521

Statement 3 - Form 990-EZ, Line 26 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 789	\$ 303
Total	\$ 789	\$ 303

SIOCHAIN PROPERTIES, INC.

BOARD OF DIRECTORS

JUNE 30, 2003

President

Mary Ellen Welch

225 Webster St, East Boston, MA 02128

Vice President

Harold McFadden

102 Saratoga St, East Boston, MA 02128

Treasurer

Ulises Rosa

150 Orleans St, East Boston, MA 02128

Secretary/Clerk

Kathy Burlinson

14 Leverett Av, East Boston, MA 02128

Assistant Clerk

Anjie Preston

35 Wordsworth St, East Boston, MA 02128

Board Members

Kathy D'Alessandro

16 Clippership Lane, East Boston, MA 02128

Dharmena Downey

857 Washington St, Gloucester, MA 01930

Kim Epstein

48 Electric Av, Somerville, MA 02144

Nina Gaeta-Coletta
(on leave)

27 Monmouth St, East Boston, MA 02128

Jeff Howe

64 Beal St, Winthrop, MA 02152

Patrice Maye
(on leave)

32 Monmouth St, East Boston, MA 02128

Gail Miller

232 Orient Av, East Boston, MA 02128

Gloribell Mota

115 Everett St, East Boston, MA 02128

Doris Rubio

152 Falcon St, East Boston, MA 02128

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

Form 8868.

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Siochain Properties, Inc.	Employer identification number 04-3488694
	Number, street, and room or suite no. If a P.O. box, see instructions. 22 Paris Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. East Boston MA 02128	

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

<input 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 checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/17/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 7/01/02, and ending 6/30/03.

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


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

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

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

Signature and Verification

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

Signature ▶  Title ▶ CPA

For Paperwork Reduction Act Notice, see Instruction

Date ▶ 11/11/03
Form 8868 (12-2000)