

# 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

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

OMB No. 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **APR 1, 2000** and ending **MAR 31, 2001**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	<b>C</b> Name of organization <b>THIRD SECTOR NEW ENGLAND, INC.</b> (FKA: MASS HEALTH RESEARCH INSTITUTE)	<b>D</b> Employer identification number 04-2261109	
	Number and street (or P.O. box if mail is not delivered to street address) <b>18 TREMONT STREET</b>	Room/suite <b>700</b>	<b>E</b> Telephone number (617) 523-6565
	City or town, state or country, and ZIP <b>BOSTON, MA 02108</b>	<b>F</b> Check <input type="checkbox"/> if application pending	

**G** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no )  527  
 OR  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (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.

**H** (H and I are not applicable to section 527 orgs)  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? (if "No," attach a list.)  Yes  No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN) ▶  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	1a	2,624,589.	
	<b>b</b> Indirect public support	1b		
	<b>c</b> Government contributions (grants)	1c	417,595.	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 3,042,184. noncash \$ )	1d		3,042,184.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		833,405.
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4		224,885.
	<b>5</b> Dividends and interest from securities	5		276,905.
	<b>6 a</b> Gross rents	6a		
<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe ▶ )	7			
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	8a		
	2,262,840.	8a		
	<b>b</b> Less: cost or other basis and sales expenses	8b		
	2,222,275.	8b		
<b>c</b> Gain or (loss) (attach schedule)	8c			
40,565.	8c			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	40,565.	
<b>9</b> Special events and activities (attach schedule)				
a) Gross revenue (not including \$ _____ of contributions reported on line 1a) b) Less: direct expenses other than fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a)	9a			
	9b			
	9c			
<b>10 a</b> Gross sales of inventory less returns and allowances	10a			
	10b			
	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11		2,829,810.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		7,247,754.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13		4,093,808.
	<b>14</b> Management and general (from line 44, column (C))	14		927,153.
	<b>15</b> Fundraising (from line 44, column (D))	15		
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17		5,020,961.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		2,226,793.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,332,269.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	<343,309.>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		12,215,753.	

15p

**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) ..... cash \$ 37,500. noncash \$	37,500.	37,500.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. ....	125,195.	0.	125,195.	0.
26	Other salaries and wages .....	1,651,509.	1,379,548.	271,961.	
27	Pension plan contributions .....				
28	Other employee benefits .....	142,314.	123,693.	18,621.	
29	Payroll taxes .....	257,665.	184,365.	73,300.	
30	Professional fundraising fees .....				
31	Accounting fees .....	30,585.	10,440.	20,145.	
32	Legal fees .....	33,259.		33,259.	
33	Supplies .....	48,159.	16,065.	32,094.	
34	Telephone .....	15,849.	5,220.	10,629.	
35	Postage and shipping .....				
36	Occupancy .....	251,643.	166,931.	84,712.	
37	Equipment rental and maintenance .....	24,947.	24,947.		
38	Printing and publications .....	161,111.	153,239.	7,872.	
39	Travel .....	143,287.	128,973.	14,314.	
40	Conferences, conventions, and meetings .....	65,432.	65,432.		
41	Interest .....				
42	Depreciation, depletion, etc. (attach schedule) .....	39,851.	25,696.	14,155.	
43	Other expenses (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 3	1,992,655.	1,771,759.	220,896.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	5,020,961.	4,093,808.	927,153.	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**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)

a	SEE STATEMENT 5				
		(Grants and allocations \$ _____)			4,093,808.
b		(Grants and allocations \$ _____)			
c		(Grants and allocations \$ _____)			
d		(Grants and allocations \$ _____)			
e	Other program services (attach schedule)	(Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				4,093,808.

**Part IV Balance Sheets**

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
Assets	45 Cash - non-interest-bearing	118,182.	45	269,273.
	46 Savings and temporary cash investments	5,192,418.	46	6,092,911.
	47 a Accounts receivable	47a 529,387.		
	b Less: allowance for doubtful accounts	47b	47c	529,387.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a 665,600.		
	b Less: allowance for doubtful accounts STMT 7	51b	51c	665,600.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	114,743.	53	93,365.
	54 Investments - securities STMT 8 STMT 9 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	6,966,831.	54	6,895,940.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 395,009.			
b Less: accumulated depreciation STMT 10	57b 278,432.	57c	116,577.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 11 )	4,064,713.	58	11,619.	
59 Total assets (add lines 45 through 58) (must equal line 74)	17,392,405.	59	14,674,672.	
Liabilities	60 Accounts payable and accrued expenses	656,241.	60	379,308.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 12 )	6,403,895.	65	2,079,611.
66 Total liabilities (add lines 60 through 65)	7,060,136.	66	2,458,919.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	10,207,589.	67	11,716,456.
	68 Temporarily restricted	124,680.	68	499,297.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	10,332,269.	73	12,215,753.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	17,392,405.	74	14,674,672.

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	
a Total revenue, gains, and other support per audited financial statements	a 6,904,445.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ <343,309.>	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	b <343,309.>
c Line a minus line b	c 7,247,754.
d Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 7,247,754.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total expenses and losses per audited financial statements	a 5,020,961.
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): \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 5,020,961.
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): \$	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 5,020,961.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JONATHAN SPACK C/O TSNE	EXECUTIVE DIRECTOR/CLERK			
	37.5	125,195.	18,779.	0.
RICHARD J. CANNON C/O TSNE	VICE PRESIDENT			
	ASRQ	0.	0.	0.
J. LOUIS NEWELL C/O TSNE	PRESIDENT			
	ASRQ	0.	0.	0.
CHUCK COLLINS C/O TSNE	DIRECTOR			
	ASRQ	0.	0.	0.
JAMES O'CONNELL, MD C/O TSNE	DIRECTOR			
	ASRQ	0.	0.	0.
JULIA RABKIN C/O TSNE	TREASURER			
	ASRQ	0.	0.	0.
MARYANN HOLOHEAN C/O TSNE	DIRECTOR			
	ASRQ	0.	0.	0.
ANNA MADISON C/O TSNE	DIRECTOR			
	ASRQ	0.	0.	0.
JOHN CASE C/O TSNE	DIRECTOR			
	ASRQ	0.	0.	0.
FELIX ARROYO C/O TSNE	DIRECTOR			
	ASRQ	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? If "Yes," attach schedule.  Yes  No Form 990 (2000)

Part VI Other Information		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	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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	X	
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 13</b> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
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?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		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	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
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.	85b		
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 in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice 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	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	88	X	
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 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	89b		X
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 <b>MASSACHUSETTS</b>			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		56
91	The books are in care of <b>ROBERT A. HAMMOND, DEPUTY DIRECTOR</b> Telephone no. <b>(617) 523-6565</b> Located at <b>18 TREMONT STREET, SUITE 700, BOSTON, MA</b> ZIP code <b>02108</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 14					833,405.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	224,885.	
96 Dividends and interest from securities			14	276,905.	
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			18	40,565.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTY INCOME			15	2,477,103.	
b MISCELLANEOUS					352,707.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,019,458.	1,186,112.
105 Total (add line 104, columns (B), (D), and (E))					4,205,570.

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**

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)
▼	SEE STATEMENT 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(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
SOLUTIONS FOR THE THIRD SECTOR, INC.	100%	CONSULTING SERVICES	<104,929.>	315,262.

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (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).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge. (Important: See General Instruction W.)

11/7/01 Date ▶ Julia M. Rabkin, Treasurer  
Type or print name and title

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information**

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

OMB No. 1545-0047

**2000**

Name of the organization **THIRD SECTOR NEW ENGLAND, INC.**  
**(FKA: MASS HEALTH RESEARCH INSTITUTE)** Employer identification number  
**04-2261109**

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

(See 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
CATHERINE DUNHAM ----- C/O TSNE	PROJECT DIR. 37.5	125,748.	12,575.	0.
RON ANCRUM ----- C/O TSNE	PROGRAM DIR. 37.5	91,375.	3,580.	0.
ROBERT A. HAMMOND ----- C/O TSNE	DEPUTY DIR. 37.5	96,337.	13,363.	0.
RUTH MCCAMBRIDGE ----- C/O TSNE	PROGRAM DIR. 37.5	88,570.	6,643.	0.
SUSAN G. EPSTEIN ----- C/O TSNE	PROJECT DIR. 22.5	65,348.	9,802.	0.
Total number of other employees paid over \$50,000 ▶	1			

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

(See 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
SUMMIT CONSULTING COLLABORATIVE ----- 61 LINCOLN AVENUE, AMHERST, MA 01002	TECHNICAL ASSIST.	77,640.
BOSTON MANAGEMENT CONSORTIUM ----- 43 HAWKINS ST, STE 3B, BOSTON, MA 02114	ORGANIZATIONAL DEV.	68,212.
----- ----- -----		
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities

	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 <b>\$</b> _____ 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V, FORM 990</u>	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. <u>SEE STATEMENT 16</u>	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) <u>SEE STATEMENT 17</u>		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 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, page 5.)
- 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 **▶** \_\_\_\_\_
- 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 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 5 of the instructions.)

THIRD SECTOR NEW ENGLAND, INC.

**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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,956,336.	2,419,150.	5,915,547.	8,553,437.	19,844,470.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	3,062,816.	2,472,666.	3,929,883.	8,711,392.	18,176,757.
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	422,088.	319,106.	730,166.	312,509.	1,783,869.
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			SEE STATEMENT 18 16,250.		16,250.
23 Total of lines 15 through 22	6,441,240.	5,210,922.	10,591,846.	17,577,338.	39,821,346.
24 Line 23 minus line 17	3,378,424.	2,738,256.	6,661,963.	8,865,946.	21,644,589.
25 Enter 1% of line 23	64,412.	52,109.	105,918.	175,773.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	432,892.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c	21,644,589.
d Add: Amounts from column (e) for lines: 18 1,783,869. 19 _____				26d	1,800,119.
22 16,250. 26b _____				26e	19,844,470.
e Public support (line 26c minus line 26d total)				26f	91.6833%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) N/A (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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: (1999) N/A (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____				27c	N/A
17 _____ 20 _____ 21 _____				27d	N/A
d Add: Line 27a total _____ and line 27b total _____				27e	N/A
e Public support (line 27c total minus line 27d total)				27f	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27h	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

**Part V Private School Questionnaire**

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

N/A

		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? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
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? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
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? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
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 .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

- Check here  If the organization belongs to an affiliated group
- Check here  If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		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 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (a) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
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)

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.



2000 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MACHINERY & EQUIPMENT											
	EQUIPMENT	VARIABLES		5.00	19	241,314.			241,314.	103,742.		25,774.
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT					241,314.		0.	241,314.	103,742.	0.	25,774.
	MANAGEMENT AND GENERAL											
2	SOFTWARE	VARIABLES		5.00	19	142,703.			142,703.	128,153.		11,931.
3	EQUIPMENT	VARIABLES		5.00	19	10,992.			10,992.	6,686.		2,146.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					153,695.		0.	153,695.	134,839.	0.	14,077.
	* GRAND TOTAL 990 PAGE 2					395,009.		0.	395,009.	238,581.	0.	39,851.
	DEPR											

(D) - Asset disposed

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF STOCK	2,262,840.	2,222,275.	0.	40,565.	
TO FORM 990, PART I, LINE 8	2,262,840.	2,222,275.	0.	40,565.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED GAINS (LOSS)				<343,309.>
TOTAL TO FORM 990, PART I, LINE 20				<343,309.>

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
DATA PROCESSING	33,990.	22,967.	11,023.			
MAGAZINE PRODUCTION SUBCONTRACTED	117,910.	117,802.	108.			
SERVICES	1,465,700.	1,465,700.	0.			
DUES, MEMBERSHIPS & FEES	8,308.	7,308.	1,000.			
TRAINING AND STAFF DEVELOPMENT	6,286.	3,179.	3,107.			
INSURANCE	12,486.	9,591.	2,895.			
RECRUITMENT EXPENSES	17,606.	16,537.	1,069.			
MICROFILMING	22,802.	18,791.	4,011.			
INVESTMENT EXPENSE	46,281.		46,281.			
TEMPORARY SERVICES	5,616.	5,220.	396.			
BOOKS & PERIODICALS	2,790.	2,790.				
ADVERTISING	67,424.	67,424.				
OTHER DIRECT CONTRACT EXPENSES	34,450.	34,450.				
SETTLEMENT FEES	90,000.		90,000.			
AMORTIZATION EXPENSES	11,619.		11,619.			
CONSULTING SERVICE FEES	49,387.		49,387.			
TOTAL TO FM 990, LN 43	1,992,655.	1,771,759.	220,896.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

IN 1997 A NEW MISSION STATEMENT WAS CREATED AND TSNE ESTABLISHED ITSELF AS A RESOURCE CENTER FOR NON PROFIT ORGANIZATIONS, FOUNDATIONS AND OTHERS INVOLVED IN VOLUNTARY ACTIVITIES. TSNE'S MISSION IS TO HELP NONPROFIT SECTOR IMPROVE ITS UNDERSTANDING OF ITS ROLE AND POTENTIAL IMPACT WITHIN A RAPIDLY SHIFTING ECONOMY AND TO PROVIDE MATERIALS AND SERVICES THAT BUILD KNOWLEDGE, SKILLS AND CAPACITY.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

OPERATIONS INCLUDE PUBLICATION OF THE NON-PROFIT QUARTERLY SPONSORSHIP OF THE NEW ENGLAND NON-PROFIT LEADERSHIP CONFERENCE, MAINTAINING A WEBSITE THAT SERVES AS A NON-PROFIT FORUM, AND FOSTERING RESEARCH AND ORIGINAL WRITINGS FOR PUBLICATION IN ITS OWN AND OTHER JOURNALS. TSNE ALSO FORMS PARTNERSHIPS WITH COMMUNITY COALITIONS AND GRASSROOTS ORGANIZATIONS WHOSE PURPOSES ARE CONSISTENT WITH TSNE'S MISSION. THESE PARTNERSHIPS COMBINE TSNE'S PROGRAM MANAGEMEN AND ADMINISTRATIVE EXPERTISE WITH THE SUBJECT-MATTER KNOWLEDGE OF THE COMMUNITY PARTNER IN FURTHERANCE OF THE MUTUAL PURPOSES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	_____	4,093,808.
	=====	=====

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SOCIAL SERVICES	HARAMBEE HOUSE		NONE	2,500.
SOCIAL SERVICES	THE ASPECT FOUNDATION		NONE	2,500.
SOCIAL SERVICES	CENTRAL BROOKLYN PARTNERSHIP		NONE	2,500.

SOCIAL SERVICES	COMMITTEE AGAINST ANTI-ASIAN VIOLENC	NONE	1,000.
SOCIAL SERVICES	FOUNDATION OF THE STUDENT ASSOC.	NONE	2,500.
SOCIAL SERVICES	NORTH CAROLINA YOUTH LAMBDA NETWORK	NONE	1,000.
SOCIAL SERVICES	PHILADELPHIA FIGHT	NONE	1,000.
SOCIAL SERVICES	SOUTHERN ECHO, INC.	NONE	1,000.
SOCIAL SERVICES	21 CENTURY YOUTH LEADERSHIP PROJECT	NONE	1,000.
SOCIAL SERVICES	COMMUNITIES FOR A BETTER ENVIRONMEN	NONE	1,000.
SOCIAL SERVICES	PEOPLE FOR COMMUNITY RECOVERY	NONE	500.
SOCIAL SERVICES	THE SOC EDUCATION FUND	NONE	1,000.
SOCIAL SERVICES	SOUTHWEST CULTURE	NONE	2,500.
SOCIAL SERVICES	THE TIDES CENTER	NONE	500.
SOCIAL SERVICES	ALTERNATIVES FOR COMM & ENVIRO	NONE	500.
SOCIAL SERVICES	CONCERNED CITIZENS FOR SO. CEN. L.A	NONE	500.
SOCIAL SERVICES	INSIGHT ARTS	NONE	4,500.
SOCIAL SERVICES	NORTH CAPITOL NEIGHBORHOOD DEV	NONE	1,000.
SOCIAL SERVICES	PEOPLE WORKING FOR PEOPLE	NONE	500.
SOCIAL SERVICES	THE SEVENTH GENERATION	NONE	1,000.
SOCIAL SERVICES	TONATIERRA COMMUNITY	NONE	500.

SOCIAL SERVICES	UNITED PARENTS AGAINST LEAD	NONE	1,000.
SOCIAL SERVICES	JUSTACT - YOUTH ACTION/GLOBAL JUSTI	NONE	3,500.
SOCIAL SERVICES	STUDENT ENVIRONMENTAL ACTION COALIT	NONE	2,500.
SCHOLARSHIPS	URBAN ALCHEMY AWARDS	NONE	1,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			<u>37,500.</u>

FORM 990 OTHER NOTES AND LOANS RECEIVABLE STATEMENT 7

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
THEOBALD SMITH RESEARCH INSTITUTE, LYNN CHARTER SCHOOL SOLUTIONS FOR THE THIRD SECTOR, INC.	0. 0. 0.	0. 0. 665,600.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	<u>665,600.</u>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	4,902,648.				4,902,648.
CORPORATE BONDS		687,495.			687,495.
TO FM 990, LN 54 COL B	<u>4,902,648.</u>	<u>687,495.</u>			<u>5,590,143.</u>

FORM 990	GOVERNMENT SECURITIES		STATEMENT	9
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
TREASURY BILLS	1,305,797.		1,305,797.	
TOTAL TO FORM 990, LINE 54, COL B	1,305,797.		1,305,797.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
EQUIPMENT	241,314.	129,516.	111,798.	
SOFTWARE	142,703.	140,084.	2,619.	
EQUIPMENT	10,992.	8,832.	2,160.	
TOTAL TO FORM 990, PART IV, LN 57	395,009.	278,432.	116,577.	

FORM 990	OTHER ASSETS	STATEMENT	11
DESCRIPTION	AMOUNT		
PROJECT AWARDS	0.		
PUBLICATIONS	11,619.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	11,619.		

FORM 990	OTHER LIABILITIES	STATEMENT	12
DESCRIPTION	AMOUNT		
ACCUM. OVERAPPLIED OVERHEAD AND FRINGE	155,641.		
DEFERRED REVENUE	1,923,970.		
PROJECT AWARDS	0.		
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,079,611.		

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ORPHAN BIOLOGICS INSTITUTE, INC. SOLUTIONS FOR THE THIRD SECTOR, INC.	X	X

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 14

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CONSULTING					26,683.
SPECIAL FUND REVENUE					446,692.
NON-PROFIT QTRLY PUB.					50,115.
STS MANAGEMENT FEES					55,106.
NE LEADERSHIP CONF.REV.					219,899.
OVERHEAD					34,910.
TO FORM 990, PART VII, LINE 93					833,405.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	TSNE HAS ESTABLISHED ITSELF AS A RESOURCE CENTER FOR NONPROFIT ORGANIZATIONS, FOUNDATIONS AND OTHERS INVOLVED IN VOLUNTARY ACTIVITIES TSNE'S MISSION IS TO HELP THE NONPROFIT SECTOR IMPROVE ITS UNDERSTANDING OF ITS ROLE AND POTENTIAL IMPACT WITHIN A RAPIDLY SHIFTING ECONOMY AND TO PROVIDE MATERIALS AND SERVICES THAT BUILD KNOWLEDGE, SKILLS AND CAPACITY. OPERATIONS INCLUDE PUBLICATION OF THE NONPROFIT QUARTERLY, SPONSORSHIP OF THE NEW ENGLAND NONPROFIT LEADERSHIP CONFERENCE, MAINTAINING A WEBSITE THAT SERVES AS A NONPROFIT FORUM, AND FOSTERING RESEARCH AND ORIGINAL WRITINGS FOR PUBLICATION IN ITS OWN AND WITHIN OTHER JOURNALS. TSNE ALSO FORMS PARTNERSHIPS WITH COMMUNITY COALITIONS AND GRASSROOTS ORGANIZATIONS WHOSE PURPOSES ARE CONSISTENT WITH TSNE MISSION. THESE PARTNERSHIPS COMBINE TSNE'S PROGRAM MANAGEMENT AND ADMINISTRATIVE EXPERTISE WITH THE SUBJECT-MATTER KNOWLEDGE OF THE COMMUNITY PARTNER IN FURTHERANCE OF THE MUTUAL PURPOSES.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR STATEMENT 16  
 PART III, LINE 2

TSNE - SOLE MEMBER OF SOLUTIONS FOR THE THIRD SECTOR, INC. STS, A FOR-PROFIT CORPORATION ESTABLISHED IN 1998, PROVIDES MANAGEMENT CONSULTING SERVICES W/A FOCUS ON COLLABORATIVE MANAGEMENT SYSTEMS, CONSTITUENT INVOLVEMENT AND COMMUNITY DIALOGUE. THESE SERVICES INCLUDE ORGANIZATIONAL DEVLPMNT, MNGMNT CONSULTATION, OPERATIONS MANAGEMENT, STRATEGIC PLANNING & EVALUATION.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17  
 PART III, LINE 4

THE BOARD OF DIRECTORS DETERMINES WHO SHALL RECEIVE THE FELLOWSHIP GIVEN BY TSNE BASED ON FORMAL PROPOSAL SUBMITTED BY EACH CANDIDATE. THE FELLOWSHIPS ARE IN THE FIELD OF PUBLIC HEALTH RESEARCH.

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
			16,250.	
TOTAL TO SCHEDULE A, LINE 22			16,250.	

Depreciation and Amortization (Including Information on Listed Property) 990

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THIRD SECTOR NEW ENGLAND, INC. (FKA: MASS HEALTH RESEARCH INSTITUTE)

FORM 990 PAGE 2

04-2261109

Part I Election To Expense Certain Tangible Property (Section 179) Note: If you have any "listed property," complete Part V before you complete Part I.

Table with 5 rows for Part I election details. Line 1: Maximum dollar limitation 20,000. Line 3: Threshold cost of section 179 property before reduction in limitation \$200,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-7 for listed property.

Table with 13 rows for Part I continuation. Line 7: Listed property amount 7. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction from 1999. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2001.

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

Table for Section B with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 15a-i for various property classes.

Section C - Alternative Depreciation System (ADS) (See instructions.)

Table for Section C with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 16a-c for class life options.

Part III Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Part III. Line 17: GDS and ADS deductions. Line 18: Property subject to section 168(f)(1) election. Line 19: ACRS and other depreciation 39,851.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 20: Listed property. Line 21: Total 39,851. Line 22: Portion of the basis attributable to section 263A costs.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed?  Yes  No 23b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L		
		%				S/L		
		%				S/L		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 **26**

27 Add amounts in column (i). Enter the total here and on line 7, page 1 **27**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year:					
41 Amortization of costs that began before 2000					<b>41</b>
42 Total. Add amounts in column (f). See instructions for where to report					<b>42</b>

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

Department of the Treasury  
Internal Revenue Service

▶ 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  **X**
- 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	Name of Exempt Organization <b>THIRD SECTOR NEW ENGLAND, INC. (FKA: MASS HEALTH RESEARCH INSTITUTE)</b>	Employer identification number <b>04-2261109</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>18 TREMONT STREET, NO. 700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02108</b>	

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

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

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until NOVEMBER 15, 2001 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 APR 1, 2000 and ending MAR 31, 2001

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 ..... \$ 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 ▶ \_\_\_\_\_ Title ▶ CPA Date ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see instruction

**Note 2.        Related Party Transactions**

Orphan Biologics Institute, Inc. (OBI) is a not-for-profit corporation created in 1990 to conduct research and development in the field of public health. During fiscal year 1998 OBI ceased operations when management of its programs was transferred to the University of Massachusetts. In fiscal 2000, TSNE, in its capacity as the sole member of OBI, and OBI's advisory board voted to transfer all of OBI's assets and liabilities to the University of Massachusetts. As a result, during the year ended March 31, 2001 the remaining assets and liabilities of OBI were transferred to the University of Massachusetts. The Board of Directors has not yet decided whether OBI will be formally dissolved once all the transfers are complete.

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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	Name of Exempt Organization <b>THIRD SECTOR NEW ENGLAND, INC. AND AFFILIATES (FKA: MA HEALTH RESEARCH)</b>	Employer identification number <b>04-2261109</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>18 TREMONT STREET, NO. 700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02108</b>	

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

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

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

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▶  calendar year \_\_\_\_\_ or

▶  tax year beginning APR 1, 2000, and ending MAR 31, 2001

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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 ..... \$ 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 ▶  Title ▶ CPA

Date ▶ 8/13/01

LHA For Paperwork Reduction Act Notice, see instruction