

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year period beginning **APR 1, 2001** and ending **MAR 31, 2002**

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 THIRD SECTOR NEW ENGLAND, INC.		D Employer identification number 04-2261109
		Number and street (or P O box if mail is not delivered to street address) 18 TREMONT STREET		Room/suite 700
		City or town, state or country, and ZIP + 4 BOSTON, MA 02108		E Telephone number (617) 523-6565

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶**

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

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

I Enter 4-digit GEN **▶**

G Web site **▶ WWW.TSNE.ORG**

J Organization type (check only one) 501(c)(3) (**3**) (insert no) 4947(a)(1) or 527

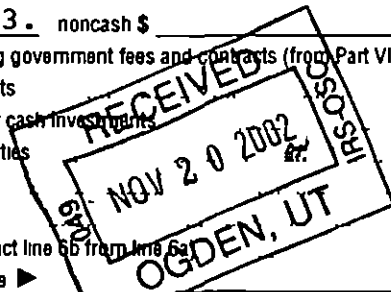
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 8,344,835.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	3,213,424.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	228,379.		
	d Total (add lines 1a through 1c) (cash \$ 3,441,803. noncash \$ _____)	1d	3,441,803.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,201,975.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	155,311.		
	5 Dividends and interest from securities	5	239,980.		
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a			
	458,465.				
	b Less cost or other basis and sales expenses	8b	399,845.		
	484,415.				
c Gain or (loss) (attach schedule)	8c	<399,845.>			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<425,795.>			
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11	2,847,301.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	7,460,575.			
Expenses	13 Program services (from line 44, column (B))	13	5,371,693.		
	14 Management and general (from line 44, column (C))	14	1,374,580.		
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 13 and 14, column (A))	17	6,746,273.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	714,302.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,215,753.			
20 Other changes in net assets or fund balances (attach explanation)	20	89,261.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	13,019,316.			



SEE STATEMENT 3

SCANNED DEC 18 '02

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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 \$548,243. noncash \$	22 548,243.	548,243.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 137,701.	0.	137,701.	0.
26 Other salaries and wages	26 2,288,449.	1,707,112.	581,337.	
27 Pension plan contributions	27			
28 Other employee benefits	28 380,742.	255,400.	125,342.	
29 Payroll taxes	29 173,715.	122,231.	51,484.	
30 Professional fundraising fees	30			
31 Accounting fees	31 28,372.		28,372.	
32 Legal fees	32 12,187.		12,187.	
33 Supplies	33 39,894.	29,021.	10,873.	
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 425,419.	290,012.	135,407.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 160,655.	143,947.	16,708.	
40 Conferences, conventions, and meetings	40 174,022.	152,477.	21,545.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 45,546.	35,824.	9,722.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 4	43e 2,331,328.	2,087,426.	243,902.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 6,746,273.	5,371,693.	1,374,580.	0.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (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 5**

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 6				
	(Grants and allocations \$)	5,371,693.	
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)			5,371,693.	

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	269,273.	45 17,863.
	46 Savings and temporary cash investments	6,092,911.	46 7,742,047.
	47 a Accounts receivable	47a 479,809.	
	b Less allowance for doubtful accounts	47b	47c 479,809.
	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	
	b Less allowance for doubtful accounts	51b	51c 665,600.
	52 Inventories for sale or use		52 13,802.
	53 Prepaid expenses and deferred charges		53 93,365.
	54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		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 495,458.		
b Less accumulated depreciation STMT 10	57b 318,944.	57c 176,514.	
58 Other assets (describe PUBLICATIONS)		58 11,619.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59 14,674,672.	
Liabilities	60 Accounts payable and accrued expenses		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 SEE STATEMENT 11)		65 2,079,611.
66 Total liabilities (add lines 60 through 65)		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		67 11,716,456.
	68 Temporarily restricted		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, column (B) must equal line 21)		73 12,215,753.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		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 VI Other Information

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of ROBERT A. HAMMOND, DEPUTY DIRECTOR Telephone no (617) 523-6565
Located at 18 TREMONT STREET, SUITE 700, BOSTON, MA ZIP + 4 02108

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a SEE STATEMENT 14					1,201,975.
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	155,311.	
96 Dividends and interest from securities			14	239,980.	
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	<425,795.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a ROYALTY INCOME			15	2,839,170.	
b MISCELLANEOUS					8,131.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,808,666.	1,210,106.
105 Total (add line 104, columns (B), (D), and (E))					4,018,772.

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 32)

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 (See Specific Instructions on page 33)

(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	16.	0.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

1/25/02 Julia M. Rabkin, Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information--(See separate instructions.)

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

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number
04 2261109

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CATHERINE DUNHAM ----- C/O TSNE	PROJECT MNGR 37.5	129,127.	13,947.	0.
ROBERT HAMMOND ----- C/O TSNE	DEPUTY DIR. 37.5	99,227.	14,884.	0.
RUTH MCCAMBRIDGE ----- C/O TSNE	PROG. DEVEL. 37.5	96,938.	7,270.	0.
MARY KATHRYN O'ROURKE ----- C/O TSNE	MARKETING DIR 37.5	85,102.	0.	0.
SUSAN EPSTEIN ----- C/O TSNE	PROJECT DIR. 22.5	74,692.	11,204.	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 page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PUBLICATION GROUP ----- 286 CONGRESS ST, 7TH FL., BOSTON, MA	DESIGN/PRINTING	149,642.
MARSHA MORRIS & ASSOCIATES ----- PO BOX 440109, SOMERVILLE, MA	ORGANIZATIONAL DEV.	81,000.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

- 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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-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
- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) **SEE STATEMENT 16**
- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**
- e Transfer of any part of its income or assets?
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)
- 4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c	X	
2d	X	
2e		X
3	X	
4	X	

Note 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 STATEMENT 17**

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 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 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	3,042,184.	2,956,336.	2,419,150.	5,915,547.	14,333,217.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,663,215.	3,062,816.	2,472,666.	3,929,883.	13,128,580.
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	501,791.	422,088.	319,106.	730,166.	1,973,151.
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	7,207,190.	6,441,240.	5,210,922.	10,591,846.	29,451,198.
24 Line 23 minus line 17	3,543,975.	3,378,424.	2,738,256.	6,661,963.	16,322,618.
25 Enter 1% of line 23	72,072.	64,412.	52,109.	105,918.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 326,452.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 16,322,618.
	d Add Amounts from column (e) for lines	18 1,973,151.	19		26d 1,989,401.
		22 16,250.	26b		26e 14,333,217.
	e Public support (line 26c minus line 26d total)				26f 87.8120%
	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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c N/A
	15	16	17	20	27d N/A
	17	20	21		27e N/A
	d Add Line 27a total and line 27b total				
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

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

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

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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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)

Yes	No	Amount
		0.

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

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>136,524.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>215,826.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>83,009.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>1,570,028.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>315,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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
1	MACHINERY & EQUIPMENT EQUIPMENT * 990 PAGE 2 TOTAL	VARIABLES		5.00	16	318,428.		0.	318,428.	124,482.	0.	40,767.
	MACHINERY & EQUIPMENT MANAGEMENT AND GENERAL					318,428.			318,428.	124,482.	0.	40,767.
2	SOFTWARE	VARIABLES		5.00	16	166,038.			166,038.	140,084.		2,619.
3	EQUIPMENT * 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL * GRAND TOTAL 990 PAGE 2 DEPR.	VARIABLES		5.00	16	10,992.			10,992.	8,832.		2,160.
						177,030.		0.	177,030.	148,916.	0.	4,779.
						495,458.		0.	495,458.	273,398.	0.	45,546.

(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	458,465.	484,415.	0.	<25,950.>
TO FORM 990, PART I, LINE 8	458,465.	484,415.	0.	<25,950.>

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **2**

DESCRIPTION	DATE	DATE	METHOD	NET GAIN OR (LOSS)
	ACQUIRED	SOLD	ACQUIRED	
LOSS ON INVESTMENT IN SUBSIDIARY	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	399,845.	0.	0.
TO FM 990, PART I, LN 8		399,845.	0.	0.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
UNREALIZED GAINS (LOSS)	89,261.
TOTAL TO FORM 990, PART I, LINE 20	89,261.

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
DATA PROCESSING	12,340.	0.	12,340.	
MAGAZINE PRODUCTION SUBCONTRACTED	89,758.	89,758.	0.	
SERVICES	1,612,826.	1,522,245.	90,581.	
CONSULTING SERVICE FEES	0.			
TRAINING AND STAFF DEVELOPMENT	13,334.	0.	13,334.	
INSURANCE	11,589.	0.	11,589.	
RECRUITMENT EXPENSES	3,786.	0.	3,786.	
MICROFILMING	1,637.	0.	1,637.	
INVESTMENT EXPENSE	46,092.	0.	46,092.	
TEMPORARY SERVICES AMORTIZATION	261.	0.	261.	
EXPENSES	11,619.	0.	11,619.	
ADVERTISING	247,350.	247,350.	0.	

OTHER DIRECT			
CONTRACT EXPENSES	183,047.	152,158.	30,889.
OFFICE EXPENSES	97,689.	75,915.	21,774.
TOTAL TO FM 990, LN 43	2,331,328.	2,087,426.	243,902.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
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 6

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		5,371,693.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SOCIAL SERVICES	BRAZILIAN IMMIGRANT CENTER		NONE	25,000.
SOCIAL SERVICES	DAYCARE JUSTICE CO-OP, INC.		NONE	35,000.
SOCIAL SERVICES	HOMELESS EMPOWERMENT PROJECT		NONE	30,000.
SOCIAL SERVICES	MIRA COALITION		NONE	35,000.
SOCIAL SERVICES	PERNET FAMILY HEALTH SERVICE		NONE	35,000.
SOCIAL SERVICES	COORDINATED SERVICES NETWORK		NONE	5,000.
SOCIAL SERVICES	TIDES FOUNDATION 9/11		NONE	5,000.
SOCIAL SERVICES	CAMBRIDGE EVICTION FREE ZONE		NONE	2,500.
SOCIAL SERVICES	COMMONWEALTH TENANTS ASSOCIATION		NONE	25,000.
SOCIAL SERVICES	THE ELIZABETH STONE HOUSE		NONE	30,000.
SOCIAL SERVICES	NOTRE DAME EDUCATIONAL CENTER		NONE	25,000.
SOCIAL SERVICES	ASSOCIATION OF HAITIAN WOMEN		NONE	30,000.
SOCIAL SERVICES	CENTRO PRESENTE		NONE	25,000.
SOCIAL SERVICES	CHILDREN'S HOSPITAL		NONE	35,000.
SOCIAL SERVICES	MISC.		NONE	1,800.

SOCIAL SERVICES	HAITIAN AMERICAN PUBLIC HEALTH INIT	NONE	500.
SOCIAL SERVICES	ASIAN PACIFIC ENVIRONMENTAL NETWORK	NONE	500.
SOCIAL SERVICES	NATIONAL COALITION ON BLACK CIVIC P	NONE	2,500.
SOCIAL SERVICES	YOUTH FOR ENVIRONMENTAL SANITY	NONE	1,000.
SOCIAL SERVICES	YOUTH FORCE	NONE	1,000.
SOCIAL SERVICES	ASSOCIATE GENERAL COUNSEL OS CATHOL	NONE	500.
SOCIAL SERVICES	TIDES FOUNDATION (YOUTH UNITED FOR	NONE	1,000.
SOCIAL SERVICES	TIDES FOUNDATION	NONE	500.
SOCIAL SERVICES	ELLA BAKER CENTER FOR HUMAN RIGHTS	NONE	1,500.
SOCIAL SERVICES	APPALSHOP INC.	NONE	1,000.
SOCIAL SERVICES	DENVER YOUTH PROGRAM	NONE	2,000.
SOCIAL SERVICES	MANO A MANO FAMILY CENTER	NONE	1,000.
SOCIAL SERVICES	FIFTH AVENUE COMMITTEE INC.	NONE	2,000.
SOCIAL SERVICES	THE SELF EDUCATION FOUNDATION	NONE	1,500.
SOCIAL SERVICES	COALITION OF IMMOKLEE WORKERS	NONE	1,000.
SOCIAL SERVICES	YOUTH ACTION	NONE	2,000.
SOCIAL SERVICES	SOUTHWEST YOUTH SERVICES COLLABORAT	NONE	1,000.

SOCIAL SERVICES	TIDES FOUNDATION	NONE	1,800.
SOCIAL SERVICES	HOPE COMMUNITY	NONE	1,000.
SOCIAL SERVICES	INDEPENDENT MEDIA CENTER	NONE	1,000.
SOCIAL SERVICES	SOUTHWEST ALLIANCE TO RESIST MILITA	NONE	2,000.
SOCIAL SERVICES	COLORADO PROGRESSIVE COALITION	NONE	500.
SOCIAL SERVICES	ACTION, COMMUNITY & EDUCATION REFOR	NONE	1,000.
SOCIAL SERVICES	AMERICAN CIVIL LIBERTIES UNION	NONE	1,000.
SOCIAL SERVICES	CHELSEA FUND FOR EDUCATION	NONE	500.
SOCIAL SERVICES	VIRGINIA ORGANIZING PROJECT	NONE	1,500.
SOCIAL SERVICES	FUERDA UNIDA	NONE	5,000.
SOCIAL SERVICES	TIDES FOUNDATION	NONE	2,000.
SOCIAL SERVICES	MILITARY TOXIC PROJECT	NONE	2,000.
SOCIAL SERVICES	NEW YORK CITY ENVIRONMENTAL JUSTICE	NONE	1,500.
SOCIAL SERVICES	STUDENT ENVIRONMENTAL ACTION COALIT	NONE	2,000.
SOCIAL SERVICES	UNITED SOUTH BROADWAY CORP	NONE	2,000.
SOCIAL SERVICES	TIDES FOUNDATION (GREENACTION)	NONE	5,000.
SOCIAL SERVICES	MILITARY TOXIC PROJECT	NONE	2,000.

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

SOCIAL SERVICES	ENVIRONMENTAL JUSTICE FUND	NONE	5,000.
SOCIAL SERVICES	SOUTHWEST CULTURAL PRESERVATION PRO	NONE	5,000.
SOCIAL SERVICES	MILITARY TOXIC PROJECT	NONE	1,000.
SOCIAL SERVICES	LOUISIANA ENVIRONMENTAL ACTION	NONE	500.
SOCIAL SERVICES	NATIONAL BLACK COLLEGE	NONE	3,000.
SOCIAL SERVICES	COMMUNITY CHANGE, INC.	NONE	10,000.
SOCIAL SERVICES	COMMUNITY CHANGE, INC.	NONE	23,400.
SOCIAL SERVICES	BAGLY, INC.	NONE	7,000.
SOCIAL SERVICES	CENTER FOR COLLABORATIVE EDUCATION	NONE	7,000.
SOCIAL SERVICES	FAMILY FIRST, INC.	NONE	8,000.
SOCIAL SERVICES	HOME FOR LITTLE WANDERERS	NONE	8,000.
SOCIAL SERVICES	JOBS FOR THE FUTURE	NONE	8,000.
SOCIAL SERVICES	MASSACHUSETTS LEGAL ASSISTANCE	NONE	10,000.
SOCIAL SERVICES	SOUTH END COMMUNITY HEALTH	NONE	9,000.
SOCIAL SERVICES	UNITED FOR A FAIR ECONOMY	NONE	8,000.
SOCIAL SERVICES	WOMEN'S INSTITUTE	NONE	7,000.
SOCIAL SERVICES	ARAB ACTION NETWORK	NONE	2,000.
SOCIAL SERVICES	ARCO IRIS	NONE	2,000.

SOCIAL SERVICES	NEW ABOLITIONIST SOCIETY	NONE	2,000.
SOCIAL SERVICES	SOCIAL AND ENVIRONMENTAL ENTREPRENEUR	NONE	2,000.
SOCIAL SERVICES	TRUSTEES OF PHELPS STOK FUND	NONE	2,000.
SOCIAL SERVICES	SEATTLE YOUNG PEOPLE'S PROJECT	NONE	2,000.
SOCIAL SERVICES	YOUTH EMPOWERMENT CENTER	NONE	2,000.
SOCIAL SERVICES	PUBLIC ALLIES, INC.	NONE	2,000.
SOCIAL SERVICES	PHILADELPHIA FIGHT	NONE	2,000.
SOCIAL SERVICES	MANNA CDC	NONE	2,000.
SOCIAL SERVICES	COMMUNITY PARTNERS	NONE	2,000.
SOCIAL SERVICES	INSIGHT ARTS	NONE	2,000.
SOCIAL SERVICES	YOUNG WOMEN UNITED	NONE	2,000.
SOCIAL SERVICES	GATEWAY COMPANIES, INC.	NONE	5,743.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

548,243.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	5,477,605.				5,477,605.
CORPORATE BONDS		662,229.			662,229.
TOTAL TO FORM 990, LN 54 COL B	5,477,605.	662,229.			6,139,834.

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY BILLS	1,012,437.		1,012,437.
TOTAL TO FORM 990, LINE 54, COL B	1,012,437.		1,012,437.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	318,428.	165,249.	153,179.
SOFTWARE	166,038.	142,703.	23,335.
EQUIPMENT	10,992.	10,992.	0.
TOTAL TO FORM 990, PART IV, LN 57	495,458.	318,944.	176,514.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
ACCUM. OVERAPPLIED OVERHEAD AND FRINGE	192,620.
DEFERRED REVENUE	1,897,627.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,090,247.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JONATHAN SPACK C/O TSNE	EXECUTIVE DIRECTOR/CLERK 37.5	137,701.	20,655.	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.
MELINDA MARBLE C/O TSNE	DIRECTOR ASRQ	0.	0.	0.

CHARLAYNE MURRELL-SMITH C/O TSNE	VICE PRESIDENT ASRQ	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>137,701.</u>	<u>20,655.</u>	<u>0.</u>

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 FUNC-TION INCOME
CONSULTING					425,542.
SPECIAL FUND REVENUE					560,236.
NON-PROFIT QTRLY PUB.					186,200.
STS MANAGEMENT FEES					0.
NE LEADERSHIP CONF.REV.					66,976.
OVERHEAD					<36,979.>
TO FORM 990, PART VII, LINE 93					<u>1,201,975.</u>

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

4562

Form (Rev March 2002) Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions Attach to your tax return

OMB No 1545-0172

2001

Attachment Sequence No 87

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THIRD SECTOR NEW ENGLAND, INC.

FORM 990 PAGE 2

04-2261109

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

Form with lines 1-13 for Section 179 election. Line 1: 24,000. Line 3: \$200,000. Line 13: 13.

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Form with lines 14-16 for Special Depreciation Allowance. Line 16: 45,546.

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

Section A

Form with lines 17-18 for MACRS Depreciation. Line 17: 17.

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

Table 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 include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions)

Form with lines 21-23 for Summary. Line 22: 45,546. Line 23: 23.

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 24a, 24b, 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)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b 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
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

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
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

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 THIRD SECTOR NEW ENGLAND, INC.	Employer identification number 04-2261109
	Number, street, and room or suite no. If a P O box, see instructions 18 TREMONT STREET, NO. 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02108	

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, 2002 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, 2001, and ending MAR 31, 2002

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 ▶ Richard L. Antenucci Title ▶ CPA Date ▶ 7/22/02

LHA For Paperwork Reduction Act Notice, see instruction