

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning **APR 1, 2002** and ending **MAR 31, 2003**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **THIRD SECTOR NEW ENGLAND, INC.**
 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**

D Employer identification number: **04-2261109**
E Telephone number: **(617) 523-6565**
F Accounting method: Cash Accrual
 Other (specify) _____

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates: _____

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) (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: **10,434,314.**

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

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received	4,771,368.			
	a Direct public support				
	b Indirect public support				
	c Government contributions (grants)	243,378.			
	d Total (add lines 1a through 1c) (cash \$ 5,014,746. noncash \$)				5,014,746.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				666,220.
	3 Membership dues and assessments				93,608.
	4 Interest on savings and temporary cash investments				235,926.
	5 Dividends and interest from securities				80,712.
	6 a Gross rents				
	b Less rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)				
7 Other investment income (describe)					
8 a Gross amount from sale of assets other than inventory	(A) Securities	831,520.	8a		
	(B) Other	1,133,180.	8b		
		<301,660.>	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1			<301,660.>
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)				
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)				
11 Other revenue (from Part VII, line 103)					3,511,582.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					9,301,134.
Expenses	13 Program services (from line 44, column (B))				6,870,649.
	14 Management and general (from line 44, column (C))				1,438,432.
	15 Fundraising (from line 44, column (D))				
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))				
18 Excess or (deficit) for the year (subtract line 17 from line 12)					992,053.
19 Net assets or fund balances at beginning of year (from line 73, column (A))					13,019,316.
20 Other changes in net assets or fund balances (attach explanation)					260,320.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)					14,271,689.

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 NOV 25 2003
 OGDEN, UT

SEE STATEMENT 2

SCANNED DEC 16 2003

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 \$1498597 . noncash \$	22 1,498,597.	1,498,597.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 144,296.	0.	144,296.	0.
26 Other salaries and wages	26 2,866,840.	2,198,707.	668,133.	
27 Pension plan contributions	27			
28 Other employee benefits	28 657,393.	474,649.	182,744.	
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 40,113.	3,414.	36,699.	
32 Legal fees	32 11,900.	6,987.	4,913.	
33 Supplies	33 322,334.	294,352.	27,982.	
34 Telephone	34 79,364.	67,490.	11,874.	
35 Postage and shipping	35			
36 Occupancy	36 417,576.	289,985.	127,591.	
37 Equipment rental and maintenance	37 59,299.	51,774.	7,525.	
38 Printing and publications	38 218,916.	212,243.	6,673.	
39 Travel	39 300,198.	294,517.	5,681.	
40 Conferences, conventions, and meetings	40 196,516.	180,124.	16,392.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 63,519.	33,574.	29,945.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 1,432,220.	1,264,236.	167,984.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 8,309,081.	6,870,649.	1,438,432.	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 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 \$ _____)		6,870,649.
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)				6,870,649.

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
45	Cash - non-interest-bearing	17,863.	45	57,981.
	46 Savings and temporary cash investments	7,742,047.	46	6,518,257.
47 a	Accounts receivable	47a 640,145.		
b	Less allowance for doubtful accounts	47b	47c	640,145.
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 25,100.		
b	Less allowance for doubtful accounts	51b	51c	25,100.
52	Inventories for sale or use	13,802.	52	3,288.
53	Prepaid expenses and deferred charges	144,598.	53	126,858.
54	Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,152,271.	54	7,242,994.
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 483,745.		
b	Less accumulated depreciation STMT 9	57b 319,663.	57c	164,082.
58	Other assets (describe ► ROYALTY FEES RECEIVABLE)	176,514.	58	1,407,305.
59	Total assets (add lines 45 through 58) (must equal line 74)	15,726,904.	59	16,186,010.
60	Accounts payable and accrued expenses	617,341.	60	700,028.
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 10)	2,090,247.	65	1,214,293.
66	Total liabilities (add lines 60 through 65)	2,707,588.	66	1,914,321.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		12,246,970.	67	13,883,106.
67	Unrestricted	772,346.	68	388,583.
68	Temporarily restricted		69	
69	Permanently restricted			
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			70	
70	Capital stock, trust principal, or current funds		71	
71	Paid-in or capital surplus, or land, building, and equipment fund		72	
72	Retained earnings, endowment, accumulated income, or other funds			
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)	13,019,316.	73	14,271,689.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	15,726,904.	74	16,186,010.

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 columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax information.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	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 CONSULTING					338,572.
b PUBLICATION REVENUE	511120	78,110.			240,844.
c CONFERENCE REVENUE					86,165.
d OVERHEAD					<77,471.>
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	93,608.	
95 Interest on savings and temporary cash investments			14	235,926.	
96 Dividends and interest from securities			14	80,712.	
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	<301,660.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a ROYALTY INCOME			15	3,503,718.	
b MISCELLANEOUS					7,864.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		78,110.		3,612,304.	595,974.
105 Total (add line 104, columns (B), (D), and (E))					4,286,388.

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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

11/12/03
Date

JONATHAN SPACK, EXECUTIVE DIRECTOR
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-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

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	132,452.	16,796.	0.
ROBERT HAMMOND ----- C/O TSNE	DEPUTY DIR. 37.5	115,045.	17,257.	0.
RUTH MCCAMBRIDGE ----- C/O TSNE	PROG. DEVEL. 37.5	101,018.	9,017.	0.
MARY KATHRYN O'ROURKE ----- C/O TSNE	MARKETING DIR 37.5	87,428.	0.	0.
SUSAN EPSTEIN ----- C/O TSNE	PROJECT DIR. 37.5	89,205.	13,381.	0.
Total number of other employees paid over \$50,000 ▶	2			

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
ALAN ZIMLICKI ----- 195 ERIE STREET, CAMBRIDGE, MA 02139	TECHNICAL ASSISTANCE	69,422.
SUSAN LAINES ----- 5225 POOKS HILL ROAD #529S, BETHESDA, MD 220814	TECHNICAL ASSISTANCE	58,500.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A or line 1 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 15		
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)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	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		

Part IV Reason for Non-Private Foundation Status (See pages 3 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)
- 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)

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,441,803.	3,042,184.	2,956,336.	2,419,150.	11,859,473.
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	4,049,276.	3,663,215.	3,062,816.	2,472,666.	13,247,973.
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	395,291.	501,791.	422,088.	319,106.	1,638,276.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	7,886,370.	7,207,190.	6,441,240.	5,210,922.	26,745,722.
24 Line 23 minus line 17	3,837,094.	3,543,975.	3,378,424.	2,738,256.	13,497,749.
25 Enter 1% of line 23	78,864.	72,072.	64,412.	52,109.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					269,955.
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts					0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					13,497,749.
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	1,638,276.				1,638,276.
e Public support (line 26c minus line 26d total)					11,859,473.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					87.8626%
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					
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					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
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 (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 -	} 41		
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
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

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

- 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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	MACHINERY & EQUIPMENT											
	EQUIPMENT			5.00	16	314,105.			314,105.	113,439.		57,810.
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT					314,105.		0.	314,105.	113,439.	0.	57,810.
	MANAGEMENT AND GENERAL											
2	SOFTWARE			5.00	16	169,640.			169,640.	142,705.		5,709.
3	* 990 PAGE 2 TOTAL			.000	16							0.
	MANAGEMENT AND GENERAL					169,640.		0.	169,640.	142,705.	0.	5,709.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					483,745.		0.	483,745.	256,144.	0.	63,519.

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	831,520.	1,133,180.	0.	<301,660.>	
TO FORM 990, PART I, LINE 8	831,520.	1,133,180.	0.	<301,660.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED GAINS (LOSS)				<811,641.>
CUMULATIVE EFFECT OF ACCOUNTING CHANGE				1,071,961.
TOTAL TO FORM 990, PART I, LINE 20				260,320.

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
DATA PROCESSING	0.					
MAGAZINE PRODUCTION SUBCONTRACTED SERVICES	0.					
CONSULTING SERVICE FEES	146,489.	139,438.	7,051.			
TRAINING	68,344.	55,563.	12,781.			
INSURANCE	27,763.		27,763.			
RECRUITMENT EXPENSES	0.					
PROFESSIONAL FEES	902,461.	806,870.	95,591.			
INVESTMENT EXPENSE	0.					
TEMPORARY SERVICES	0.					
AMORTIZATION EXPENSES	0.					
ADVERTISING	0.					
OTHER DIRECT CONTRACT EXPENSES	0.					
OFFICE EXPENSES	0.					
OTHER	122,661.	98,613.	24,048.			
PERSONAL AWARDS	164,502.	163,752.	750.			
TOTAL TO FM 990, LN 43	1,432,220.	1,264,236.	167,984.			

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

EXPLANATION

THIRD SECTOR NEW ENGLAND PROVIDES INFORMATION AND SERVICES TO BUILD THE KNOWLEDGE, POWER AND EFFECTIVENESS OF NONPROFIT ORGANIZATIONS THAT ENGAGE PEOPLE IN COMMUNITY AND PUBLIC LIFE. WE ACT ALSO TO PROMOTE WIDER RECOGNITION OF COMMUNITY-BASED ORGANIZATIONS AS THE PRIMARY STEWARDS OF OUR CORE SOCIETAL VALUES. THE ULTIMATE INTENTION OF OUR WORK IS TO CREATE A MORE JUST AND DEMOCRATIC SOCIETY.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE ONE

OUR DIRECT SERVICES INCLUDE TWO GRANTS PROGRAMS: THE CAPACITY BUILDING FUND AND THE DIVERSITY INITIATIVE. THE CAPACITY BUILDING FUND IS DEDICATED TO BUILDING AND STRENGTHENING COMMUNITY-BASED ORGANIZATIONS IN SOUTHEASTERN NEW ENGLAND BY PROVIDING STRATEGIC GRANT SUPPORT. IT IS DIRECTED TO NON-PROFITS THAT INVOLVE CONSTITUENTS IN DECISION-MAKING AND ARE FOCUSED ON SOCIAL AND ECONOMIC JUSTICE ISSUES.

THE DIVERSITY INITIATIVE IS A FUNDING COLLABORATIVE WHOSE MISSION IS TO PROVIDE TECHNICAL ASSISTANCE AND FUNDING TO GREATER BOSTON AREA NONPROFIT ORGANIZATIONS AND COMMUNITIES OF PRACTICE DEDICATED TO EXPANDING THEIR CULTURAL COMPETENCY AND INCREASING THEIR INTERNAL DIVERSITY.

TSNE'S CONSULTING SERVICES ASSIST NONPROFITS IN BUILDING ORGANIZATIONAL CAPACITY USING A WHOLE SYSTEMS APPROACH. A BROAD RANGE OF SERVICES ARE OFFERED THAT INCLUDE ORGANIZATIONAL ASSESSMENT, BOARD DEVELOPMENT, TRANSITION MANAGEMENT, PROGRAM EVALUATION, AND STRATEGIC PLANNING. OUR CONSULTANTS ALSO ENGAGE IN FIELD BUILDING PROJECTS WHICH AFFECT COALITIONS OR HAVE A BROAD COMMUNITY IMPACT.

OUR EDUCATIONAL ACTIVITIES INCLUDE: THE PUBLICATION OF THE NATIONALLY CIRCULATED NONPROFIT QUARTERLY MAGAZINE, WHOSE MISSION IS TO PROVIDE HIGH QUALITY MANAGEMENT INFORMATION; THE ANNUAL NONPROFIT WORKOUT CONFERENCE, WHICH OFFERS SKILL-BUILDING WORKSHOPS AND ATTRACTS NONPROFIT LEADERS, STAFF AND VOLUNTEERS FROM AROUND THE COUNTRY; AND PUBLICATION OF THE

EXECUTIVE DIRECTORS GUIDE, A MANUAL THAT ADDRESSES CRITICAL MANAGEMENT ISSUES.

TSNE'S FISCAL SPONSORSHIP SERVICES HELPS COALITIONS, UNINCORPORATED GROUPS AND INDEPENDENT RESEARCHERS TO MAINTAIN AN EXCLUSIVE FOCUS ON MISSION AND PROGRAM BY PROVIDING FINANCIAL AND HUMAN RESOURCE MANAGEMENT. BUSINESS MANAGEMENT SERVICES PROVIDE DAY-TO-DAY ACCOUNTING SERVICES TO NONPROFIT COMMUNITY BASED ORGANIZATIONS.

OUR INNOVATIVE PARTNERSHIP PROGRAM PROVIDES IN-KIND AND MODEST FINANCIAL SUPPORT TO HELP DEVELOP AND PILOT INNOVATIVE IDEAS IN THE NONPROFIT SECTOR.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		6,870,649.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SOCIAL SERVICES	GAY MEN'S DOMESTIC VIOLENCE		NONE	30,000.
SOCIAL SERVICES	EAST BOSTON ECUMENICAL		NONE	25,000.
SOCIAL SERVICES	THE CITY SCHOOL		NONE	30,000.
SOCIAL SERVICES	PROJECT HOPE		NONE	30,000.
SOCIAL SERVICES	SOUTH END COMMUNITY HEALTH		NONE	30,000.
SOCIAL SERVICES	BOSTON BLACK WOMEN'S HEALTH INS		NONE	40,000.
SOCIAL SERVICES	LAWRENCE COMMUNITY WORKS		NONE	40,000.
SOCIAL SERVICES	URBAN REVIVAL		NONE	25,000.
SOCIAL SERVICES	MISC.		NONE	750.

SOCIAL SERVICES	HAITIAN AMERICAN PUBLIC HEALTH INIT	NONE	500.
SOCIAL SERVICES	OPERATION SAFETY NET	NONE	38,000.
SOCIAL SERVICES	THROUGH THE LOOKING GLASS	NONE	686.
SOCIAL SERVICES	TULSA CARES	NONE	105,000.
SOCIAL SERVICES	REFUGEE WOMEN'S NETWORK	NONE	39,039.
SOCIAL SERVICES	CHAMPAIGN COUNTY HEALTHCARE	NONE	105,000.
SOCIAL SERVICES	HARBORVIEW MEDICAL CENTER	NONE	41,450.
SOCIAL SERVICES	WOMEN'S CENTER & SHELTER	NONE	85,462.
SOCIAL SERVICES	STAR KIDS SCHOLARSHIP	NONE	62,750.
SOCIAL SERVICES	NURSES FOR NEWBORN FOUNDATION	NONE	62,750.
SOCIAL SERVICES	FREEDOM HOUSE	NONE	40,750.
SOCIAL SERVICES	GREATER NEW ORLEANS FOUNDATION	NONE	92,750.
SOCIAL SERVICES	CENTER FOR HEALTH AND WELFARE	NONE	87,750.
SOCIAL SERVICES	PROCLAIMERS OF HOPE	NONE	87,750.
SOCIAL SERVICES	SENIOR PHARM ASSIST	NONE	87,750.
SOCIAL SERVICES	TANANA CHIEFS CONFERENCE	NONE	87,750.
SOCIAL SERVICES	UTAH COUNTY CHILDREN'S JUSTICE	NONE	87,750.
SOCIAL SERVICES	BLACK NIA FORCE	NONE	2,000.

SOCIAL SERVICES	HIP HOP GENERATION	NONE	1,000.
SOCIAL SERVICES	THIRD WORLD WITHIN	NONE	1,000.
SOCIAL SERVICES	UCAWAR	NONE	1,000.
SOCIAL SERVICES	BARRIOS MIRIAM ISABEL	NONE	210.
SOCIAL SERVICES	SHERWOOD BYRNE	NONE	250.
SOCIAL SERVICES	NEIGHBORS FOR RESPONSIBLE RESIDENTS	NONE	400.
SOCIAL SERVICES	BLACK YOUTH LEADERSHIP	NONE	500.
SOCIAL SERVICES	MALAMA MAKUA	NONE	500.
SOCIAL SERVICES	YOUTH EMPOWERMENT CENTER	NONE	1,000.
SOCIAL SERVICES	THE AGAPE FOUNDATION	NONE	1,000.
SOCIAL SERVICES	NATIVE YOUTH MOVEMENTS	NONE	500.
SOCIAL SERVICES	YOUTH ENVIRONMENTAL	NONE	1,000.
SOCIAL SERVICES	AFRICAN AMERICAN FEDERATION	NONE	7,000.
SOCIAL SERVICES	ENVIRONMENTAL LEADERSHIP	NONE	9,000.
SOCIAL SERVICES	COMMUNITY CHANGE, INC.	NONE	12,530.
SOCIAL SERVICES	FRED HAMPTON YOUTH EDUCATION	NONE	1,680.
SOCIAL SERVICES	COMMUNITY HEALTH SERVICES	NONE	87,750.
SOCIAL SERVICES	CHEDDA FOR CHANDE GRANTS	NONE	6,640.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

1498597.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	4,648,140.				4,648,140.
CORPORATE BONDS		1,624,149.			1,624,149.
TOTAL TO FORM 990, LN 54 COL B	4,648,140.	1,624,149.			6,272,289.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY BILLS	970,705.		970,705.
TOTAL TO FORM 990, LINE 54, COL B	970,705.		970,705.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	314,105.	171,249.	142,856.
SOFTWARE	169,640.	148,414.	21,226.
TOTAL TO FORM 990, PART IV, LN 57	483,745.	319,663.	164,082.

FORM 990	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION		AMOUNT
ACCUM. OVERAPPLIED OVERHEAD AND FRINGE		270,091.
DEFERRED REVENUE		944,202.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,214,293.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON INVESTMENTS		811,641.
TOTAL TO FORM 990, PART IV-A		811,641.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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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	144,296.	21,644.	0.
FELIX ARROYO 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.
CHUCK COLLINS C/O TSNE	DIRECTOR ASRQ	0.	0.	0.

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

MARYANN HOLOHEAN C/O TSNE	DIRECTOR ASRQ	0.	0.	0.
NELSON MERCED C/O TSNE	DIRECTOR ASRQ	0.	0.	0.
MELINDA MARBLE C/O TSNE	DIRECTOR ASRQ	0.	0.	0.
CHARLAYNE MURRELL-SMITH C/O TSNE	DIRECTOR ASRQ	0.	0.	0.
J. LOUIS NEWELL C/O TSNE	PRESIDENT ASRQ	0.	0.	0.
JAMES J. O'CONNELL C/O TSNE	DIRECTOR ASRQ	0.	0.	0.
JULIA RABKIN C/O TSNE	TREASURER ASRQ	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		144,296.	21,644.	0.

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

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	TSNE IS A RESOURCE CENTER FOR INDIVIDUAL NONPROFITS AND THE NONPROFIT SECTOR AS WHOLE. OUR ACTIVITIES ARE EDUCATIONAL AND CAPACITY BUILDING IN NATURE AND HELP NONPROFITS TO MORE FULLY REALIZE THEIR MISSIONS. WE FOCUS PARTICULARLY ON COMMUNITY-BASED ORGANIZATIONS THAT EMPHASIZE PARTICIPATION AND EMBRACE DEMOCRATIC VALUES. OPERATIONS INCLUDE CONSULTING, GRANT MAKING, EDUCATIONAL PUBLICATIONS, AN ANNUAL CONFERENCE, AND FINANCIAL AND HUMAN RESOURCE MANAGEMENT.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 15

TSNE PAID \$24,762 IN MANAGEMENT FEES TO SEAWARD MANAGEMENT FOR THE INVEST-
MENT MANAGEMENT PORTION OF ITS INVESTMENT PORTFOLIO. THE PRESIDENT OF THE
ORGANIZATION'S BOARD OF DIRECTORS IS ALSO AN EMPLOYEE OF SEAWARD MANAGEMENT.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization 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 17, 2003 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, 2002, and ending MAR 31, 2003

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 ▶ 8/12/03
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)