

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)

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

A For the 2004 calendar year, or tax year beginning **APR 1, 2004** and ending **MAR 31, 2005**

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

Please use IRS label or print or type See Specific Instructions

C Name of organization: **THIRD SECTOR NEW ENGLAND, INC.**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **LINCOLN PLAZA, 89 SOUTH STREET 700**
 City or town, state or country, and ZIP + 4: **BOSTON, MA 02111**

D Employer identification number: **04-2261109**

E Telephone number: **(617) 523-6565**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **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**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **16,188,662.**

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

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	7,300,569.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	596,012.		
d	Total (add lines 1a through 1c) (cash \$ 7,896,581. noncash \$)	1d	7,896,581.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,509,646.		
3	Membership dues and assessments	3	10,460.		
4	Interest on savings and temporary cash investments	4	245,542.		
5	Dividends and interest from securities	5	147,178.		
6a	Gross rents	6a	935,308.		
b	Less: rental expenses	6b	911,905.		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	23,403.		
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	1,508,604.	8a	(B) Other 164,000.
b	Less: cost or other basis and sales expenses	8b	1,369,150.	8b	75,853.
c	Gain or (loss) (attach schedule)	8c	139,454.	8c	88,147.
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	227,601.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	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	Operating revenue (from Part VII, line 93)	11	3,771,343.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	13,831,754.		
13	Program services (from line 44, column (B))	13	10,592,272.		
14	Management and general (from line 44, column (C))	14	1,650,366.		
15	Fundraising (from line 44, column (D))	15	127,905.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	12,370,543.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,461,211.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	23,496,995.		
20	Other changes in net assets or fund balances (attach explanation)	20	843,766.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	25,801,972.		

SCANNED MAR 07 2006

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FEB 9 2006
ROGDEN, UT

Net Assets
 Expenses
 Revenue

613 22

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

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 \$ <u>1,208,335.</u> noncash \$ _____)	1,208,335.	1,208,335.	STATEMENT 12		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	151,108.	57,296.	93,812.	0.	
26	Other salaries and wages	4,560,030.	3,706,647.	771,213.	82,170.	
27	Pension plan contributions	193,496.	179,004.	14,080.	412.	
28	Other employee benefits	1,348,592.	1,247,587.	98,134.	2,871.	
29	Payroll taxes	354,931.	328,349.	25,827.	755.	
30	Professional fundraising fees					
31	Accounting fees	67,170.	44,165.	23,005.		
32	Legal fees	119,413.	78,515.	40,898.		
33	Supplies	281,329.	251,280.	28,887.	1,162.	
34	Telephone	122,539.	108,955.	11,323.	2,261.	
35	Postage and shipping					
36	Occupancy	437,082.	360,549.	76,533.		
37	Equipment rental and maintenance	67,734.	58,678.	9,056.		
38	Printing and publications	243,275.	224,431.	16,082.	2,762.	
39	Travel	449,445.	437,386.	7,606.	4,453.	
40	Conferences, conventions, and meetings	385,623.	349,896.	34,132.	1,595.	
41	Interest	408,631.	368,629.	40,002.		
42	Depreciation, depletion, etc. (attach schedule)	126,211.	114,716.	11,495.		
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 6	43e	1,845,599.	1,467,854.	348,281.	29,464.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	12,370,543.	10,592,272.	1,650,366.	127,905.

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 7**

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 8				
			(Grants and allocations \$ _____)		374,980.
b	SEE STATEMENT 9				
			(Grants and allocations \$ _____)		808,391.
c	SEE STATEMENT 10				
			(Grants and allocations \$ 1,208,335.)		1,260,633.
d	SEE STATEMENT 11				
			(Grants and allocations \$ _____)		7,296,182.
e	Other program services (attach schedule) STATEMENT 13		(Grants and allocations \$ _____)		852,086.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				10,592,272.

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	140,913.	9,636,118.
	46 Savings and temporary cash investments	2,138,874.	5,435,451.
	47 a Accounts receivable	2,094,369.	
	b Less: allowance for doubtful accounts		
		1,639,267.	2,094,369.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
		2,386,000.	
	52 Inventories for sale or use	1,110.	
	53 Prepaid expenses and deferred charges	85,250.	135,039.
	54 Investments - securities STMT 14 STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,420,178.	9,267,090.
55 a Investments - land, buildings, and equipment: basis	15,133,776.		
b Less: accumulated depreciation STMT 16	248,947.		
56 Investments - other			
57 a Land, buildings, and equipment: basis	2,425,043.		
b Less: accumulated depreciation STMT 17	435,226.		
	15,230,753.	1,989,817.	
58 Other assets (describe SEE STATEMENT 18)	1,271,534.	3,191,102.	
59 Total assets (add lines 45 through 58) (must equal line 74)	32,313,879.	46,633,815.	
Liabilities	60 Accounts payable and accrued expenses	825,805.	1,705,774.
	61 Grants payable		
	62 Deferred revenue	901,740.	497,852.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 19	6,700,000.	18,500,000.
	65 Other liabilities (describe SEE STATEMENT 20)	389,339.	128,217.
66 Total liabilities (add lines 60 through 65)	8,816,884.	20,831,843.	
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	21,776,507.	23,639,744.
	68 Temporarily restricted	1,720,488.	2,162,228.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	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)	23,496,995.	25,801,972.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	32,313,879.	46,633,815.

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 Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization ORPHAN BIOLOGICS INSTITUTE, INC.
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed MASSACHUSETTS
90 b Number of employees employed in the pay period that includes March 12, 2004 92
91 The books are in care of ANDREW COX-STAVROS, CFO Telephone no. (617) 523-6565

Located at 89 SOUTH 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 N/A

Part VII Analysis of Income-Producing Activities (See page 33 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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <u>CONSULTING</u>					523,245.
b <u>PUBLICATION REVENUE</u>	511120	169,233.			349,661.
c <u>CONFERENCE REVENUE</u>					94,783.
d <u>CONTRACT REVENUE</u>					372,724.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	10,460.	
95 Interest on savings and temporary cash investments			14	245,542.	
96 Dividends and interest from securities			14	147,178.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	23,403.			
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	227,601.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>ROYALTY INCOME</u>			15	3,736,034.	
b <u>OTHER INCOME</u>					35,309.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		192,636.		4,366,815.	1,375,722.
105 Total (add line 104, columns (B), (D), and (E))					5,935,173.

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 34 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 24

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

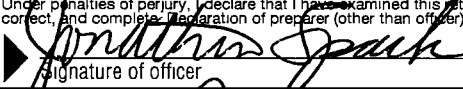
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			


Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  2/15/06 CLERK
Signature of officer Date Type or print name and title.

Paid Preparer's Use Only:  2/14/06
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN P00030126

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC.
7 NEW ENGLAND EXECUTIVE PARK, SUITE 320
BURLINGTON, MA 01803-3485

EIN: Phone no. (781) 685-3500

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

2004

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
<u>NANCY GIST</u> ----- C/O 89 SOUTH STREET, BOSTON, MA 02111	ASSOC DIR 37.5	188,665.	0.	0.
<u>CATHERINE DUNHAM</u> ----- C/O 89 SOUTH STREET, BOSTON, MA 02111	PROJECT MNGR 37.5	134,591.	17,959.	0.
<u>GREGORY A JOHNSON</u> ----- C/O 89 SOUTH STREET, BOSTON, MA 02111	EXE DIR - SPP 37.5	128,521.	0.	0.
<u>RUTH MCCAMBRIDGE</u> ----- C/O 89 SOUTH STREET, BOSTON, MA 02111	DIR - PRG DEV 37.5	115,470.	11,147.	0.
<u>VAB LINH TRONG LE</u> ----- C/O 89 SOUTH STREET, BOSTON, MA 02111	SR PROJ MANAG 37.5	108,765.	0.	0.
Total number of other employees paid over \$50,000 ▶	28			

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
<u>CASNER & EDWARDS, LLP</u> ----- 303 CONGRESS STREET, BOSTON, MA 02210	LEGAL FEE	297,207.
<u>SYMMES MAINI AND MCKEE ASSOC</u> ----- 1000 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138	ARCHITECTURE PLANNING	228,617.
<u>DAVID MICHAELS</u> ----- 6843 TULIP HILL TERRACE, BETHEASDA, MD 21816	TECHNICAL ASSISTANCE	132,162.
<u>DAVID ORLINOFF</u> ----- 1361 MAIN STREET, CONCORD, MA 01742	ACCOUNTING	112,000.
<u>JUST INTERACTIVE</u> ----- 858 PRODUCTION PLACE, NEWPORT BEACH, CA 92663	WEBSITE	65,539.
Total number of others receiving over \$50,000 for professional services ▶	1	

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 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		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)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	X	
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,160,146.	5,014,746.	3,441,803.	3,042,184.	18,658,879.
16 Membership fees received	44,351.	93,608.	0.	0.	137,959.
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	5,107,340.	4,169,938.	4,041,145.	3,310,508.	16,628,931.
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	440,372.	316,638.	395,291.	501,790.	1,654,091.
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	15,919.	7,864.	SEE STATEMENT 25 8,131.	352,707.	384,621.
23 Total of lines 15 through 22	12,768,128.	9,602,794.	7,886,370.	7,207,189.	37,464,481.
24 Line 23 minus line 17	7,660,788.	5,432,856.	3,845,225.	3,896,681.	20,835,550.
25 Enter 1% of line 23	127,681.	96,028.	78,864.	72,072.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	416,711.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts	▶	26b	7,110,796.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	20,835,550.
d Add: Amounts from column (e) for lines: 18 <u>1,654,091.</u> 19 _____ 22 <u>384,621.</u> 26b <u>7,110,796.</u>	▶	26d	9,149,508.
e Public support (line 26c minus line 26d total)	▶	26e	11,686,042.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	56.0870%

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	(2003)	(2002)	(2001)	(2000)
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	(2003)	(2002)	(2001)	(2000)
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	N/A	
d Add: Line 27a total _____ and line 27b total _____	▶	27d	N/A	
e Public support (line 27c total minus line 27d total)	▶	27e	N/A	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A	▶	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 2000 through 2003, 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.)		

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	

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	

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	

2004 DEPRECIATION AND AMORTIZATION REPORT

RENTAL REAL ESTATE

RENT

1

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
	BUILDINGS											
5	BUILDING	VARIABLES		40.00	16	9559539.			9559539.	9,290.		239,657.
	* 990 RENTAL TOTAL											
	BUILDINGS					9559539.		0.	9559539.	9,290.	0.	239,657.
	LAND											
4	LAND	VARIABLES		.000	16	5574237.			5574237.			0.
	* 990 RENTAL TOTAL											
	LAND					5574237.		0.	5574237.	0.	0.	0.
	* GRAND TOTAL 990 RENTAL DEPR					15133776.		0.	15133776.	9,290.	0.	239,657.

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
1	BUILDING IMPROVEMENTS	VARIESSL		40.00	16	1795704.			1795704.			49,522.
	* 990 PAGE 2 TOTAL											
	BUILDINGS					1795704.		0.	1795704.	0.	0.	49,522.
	MACHINERY & EQUIPMENT											
2	EQUIPMENT	VARIESSL		5.00	16	444,024.			444,024.	153,920.		68,358.
	* 990 PAGE 2 TOTAL											
3	SOFTWARE	VARIESSL		5.00	16	185,315.			185,315.	155,095.		8,331.
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT					629,339.		0.	629,339.	309,015.	0.	76,689.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					2425043.		0.	2425043.	309,015.	0.	126,211.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL REAL ESTATE	1	935,308.
TOTAL TO FORM 990, PART I, LINE 6A		935,308.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		239,657.	
OPERATING EXPENSES		672,248.	
- SUBTOTAL -	1		911,905.
TOTAL TO FORM 990, PART I, LINE 6B			911,905.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENT	1,508,604.	1,369,150.	0.	139,454.
TO FORM 990, PART I, LINE 8	1,508,604.	1,369,150.	0.	139,454.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SALE OF ROYALTIES	VARIOUS	VARIOUS	PURCHASED	164,000.	75,853.	0.	0.	88,147.
NAME OF BUYER				164,000.	75,853.	0.	0.	88,147.
TO FM 990, PART I, LN 8				164,000.	75,853.	0.	0.	88,147.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON SECURITIES STATED AT FIRE MARKET VALUE	509,851.
GAIN ON SWAP AGREEMENT	333,915.
TOTAL TO FORM 990, PART I, LINE 20	843,766.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	206,161.	167,648.	38,513.	
TRAINING	40,401.	21,690.	18,711.	
INSURANCE	66,220.	47,955.	18,265.	
PROFESSIONAL FEES	1,187,365.	951,201.	215,130.	21,034.
OTHER EXPENSES	194,933.	129,591.	56,912.	8,430.
PERSONAL AWARDS	161,965.	161,215.	750.	
FACILITY EXPENSES	788,707.	788,707.		
LESS RENTAL				
OPERATING EXPENSES INCLUDED ON PG 1, FUNDRAISING EXPENSES ALLOCATED TO COLUMN D	<672,248.>	<672,248.>		
	<127,905.>	<127,905.>		
TOTAL TO FM 990, LN 43	1,845,599.	1,467,854.	348,281.	29,464.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
 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 8

DESCRIPTION OF PROGRAM SERVICE ONE

TWO GRANT PROGRAMS: THE CAPACITY BUILDING FUND (CBF) AND DIVERSITY INITIATIVE (DI). CBF 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 DI IS A FUNDING COLLABORATIVE WHOSE MISSION IS TO PROVIDE TECHNICAL ASSISTANCE AND FUNDING TO GREATER BOSTON AREA NON-PROFITS COMMUNITIES OF PRACTICE DEDICATED TO EXPANDING THEIR CULTURAL COMPETENCY AND INCREASING THEIR INTERNAL DIVERSITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		374,980.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	9
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DESCRIPTION OF PROGRAM SERVICE TWO

TSNE'S CONSULTING SERVICES ASSIST NON-PROFITS 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 BROAD COMMUNITY IMPACT. GRANTS MADE UNDER THIS PROGRAM = \$298,000

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	_____	808,391.
	=====	=====

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	10
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DESCRIPTION OF PROGRAM SERVICE THREE

EDUCATIONAL ACTIVITIES INCLUDE: 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.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	1,208,335.	1,260,633.
	=====	=====

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE FOUR

FISCAL SPONSORSHIP SERVICES HELPS COALITIONS, UNINCORPORATED GROUPS, AND INDEPENDENT RESEARCHERS TO MAINTAIN EXCLUSIVE FOCUS ON MISSION AND PROGRAM BY PROVIDING FINANCIAL AND HUMAN RESOURCES MANAGEMENT. BUSINESS MANAGEMENT SERVICES PROVIDE DAY-TO-DAY ACCOUNTING SERVICES TO NONPROFIT COMMUNITY BASED ORGANIZATIONS. GRANTS MADE UNDER THIS PROGRAM = \$1,264,062

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		7,296,182.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 12

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SOCIAL SERVICES	ASSOC OF HAITIAN WOMEN IN BOSTON		NONE	3,000.
SOCIAL SERVICES	BROOKVIEW HOUSE INC		NONE	4,000.
SOCIAL SERVICES	CAMBODIAN MUTUAL ASSISTANCE ASSOC		NONE	4,000.
SOCIAL SERVICES	CENTER FOR COMMUNITY HEALTH		NONE	29,000.
SOCIAL SERVICES	DISCOVERY ROXBURY		NONE	4,000.
SOCIAL SERVICES	GREATER ELMWOOD NEIGHBORHOOD SVCS		NONE	4,000.
SOCIAL SERVICES	GREATER HOLYOKE CHAMBER OF CENTENNI		NONE	29,000.
SOCIAL SERVICES	HOMES FOR FAMILIES		NONE	4,000.
SOCIAL SERVICES	THE LITERACY PROGRAM		NONE	29,000.

SOCIAL SERVICES	MACDC	NONE	4,000.
SOCIAL SERVICES	MASS MUTUAL ASSISTANCE ASSOC	NONE	4,000.
SOCIAL SERVICES	NEW URBAN ARTS	NONE	29,000.
SOCIAL SERVICES	NORTH CENTRAL MINORITY COALITION	NONE	4,000.
SOCIAL SERVICES	RHODE ISLAND RIVERS COUNCIL	NONE	29,000.
SOCIAL SERVICES	SOUTH PROVIDENCE DEVELOPMENT CORP	NONE	3,000.
SOCIAL SERVICES	TOXIC ACTIONS CENTER	NONE	4,000.
SOCIAL SERVICES	THREE PYRAMIDS, INC.	NONE	25,000.
SOCIAL SERVICES	LOCAL INITIATIVES SUPPORT CORP	NONE	25,000.
SOCIAL SERVICES	TSNE NONPROFIT WORKOUT	NONE	13,000.
SOCIAL SERVICES	COMMUNITY TAX AID OF BOSTON	NONE	250.
SOCIAL SERVICES	THE ARSENAL CENTER FOR THE ART	NONE	250.
SOCIAL SERVICES	RHODE ISLAND LIGHTHOUSE FOUNDATION	NONE	250.
SOCIAL SERVICES	PRES. & FELLOWS OF HARVARD COLLEGE	NONE	2,030.
SOCIAL SERVICES	TENANTS & WORKERS SUPPORT COMMITTEE	NONE	32,155.
SOCIAL SERVICES	COALITION OF MENTAL HEALTH PROFESS	NONE	100,000.
SOCIAL SERVICES	COMMUNITY HEALTH-IN-PARTNERS IP	NONE	105,000.

SOCIAL SERVICES	NAMI MARINE	NONE	105,000.
SOCIAL SERVICES	TURNING POINT/DISCIPLESHIP	NONE	5,000.
SOCIAL SERVICES	KIDS KICKING CANCER	NONE	105,000.
SOCIAL SERVICES	MINORITY DEVELOPMENT & EMPOWER	NONE	5,000.
SOCIAL SERVICES	LA MAESTRA FAMILY CLINIC	NONE	87,000.
SOCIAL SERVICES	NEW PHOENIX ASSISTANCE CENTER	NONE	5,000.
SOCIAL SERVICES	DELMARVA COMMUNITY ALLIANCE	NONE	70,900.
SOCIAL SERVICES	FAMILY PLANNING HEALTH SERVICE	NONE	105,000.
SOCIAL SERVICES	MUJERES UNIDAS EN JUSTICIA	NONE	105,000.
SOCIAL SERVICES	EARTH ISLAND INSTITUTE	NONE	1,270.
SOCIAL SERVICES	TSNE	NONE	21,683.
SOCIAL SERVICES	COMMUNITY CHANGE, INC.	NONE	17,547.
SOCIAL SERVICES	FAMILY FIRST	NONE	5,000.
SOCIAL SERVICES	UNITED FOR FAIR ECONOMY	NONE	5,000.
SOCIAL SERVICES	WOMEN EXPRESS, INC.	NONE	10,000.
SOCIAL SERVICES	THE TRUST FOR PUBLIC LAND	NONE	10,000.
SOCIAL SERVICES	THE FOOD PROJECT	NONE	10,000.
SOCIAL SERVICES	CITY YEAR	NONE	9,000.

THIRD SECTOR NEW ENGLAND, INC.

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SOCIAL SERVICES	THE FAMILY CENTER, INC.	NONE	10,000.
SOCIAL SERVICES	HEALTH CARE FOR ALL	NONE	9,000.
SOCIAL SERVICES	VIET-AID	NONE	5,000.
SOCIAL SERVICES	RANDOLPH COMMUNITY PARTNERS, INC.	NONE	7,000.
SOCIAL SERVICES	CENTER FOR COLLABORATIVE EDUCATION	NONE	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			<u>1208335.</u>

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	13
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
NONPROFIT CENTER		852,086.
TOTAL TO FORM 990, PART III, LINE E		<u>852,086.</u>

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	14
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	FMV	8,409,339.			8,409,339.
CORPORATE BONDS	FMV		320,122.		320,122.
TO FORM 990, LINE 54, COL B		<u>8,409,339.</u>	<u>320,122.</u>		<u>8,729,461.</u>

FORM 990 GOVERNMENT SECURITIES STATEMENT 15

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY BILLS	FMV	537,629.		537,629.
TOTAL TO FORM 990, LINE 54, COL B		537,629.		537,629.

FORM 990 DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 16

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	5,574,237.	0.	5,574,237.
BUILDING	9,559,539.	248,947.	9,310,592.
TOTAL TO FORM 990, PART IV, LN 55	15,133,776.	248,947.	14,884,829.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 17

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING IMPROVEMENTS	1,795,704.	49,522.	1,746,182.
EQUIPMENT	444,024.	222,278.	221,746.
SOFTWARE	185,315.	163,426.	21,889.
TOTAL TO FORM 990, PART IV, LN 57	2,425,043.	435,226.	1,989,817.

FORM 990 OTHER ASSETS STATEMENT 18

DESCRIPTION	AMOUNT
ROYALTY FEES RECEIVABLE	1,630,184.
ASSET UNDER SWAP AGREEMENT	333,915.
CASH SURRENDER VALUE ON LIFE INSURANCE POLICY	31,210.
DEFERRED BOND ISSUANCE COSTS	527,881.
CONSTRUCTION IN PROGRESS	667,912.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,191,102.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 19

LENDER'S NAME TERMS OF REPAYMENT

MFDA BOND PAYABLE TO ANNUAL VARIABLE
WACHOVIA BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
11/01/04	11/01/34	18,500,000.	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
REAL PROPERTY AND OTHER ASSETS	FINANCE DEVELOPMENT OF THE NONPROFIT CENTER, LLC

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	18,500,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 18,500,000.

FORM 990 OTHER LIABILITIES STATEMENT 20

DESCRIPTION	AMOUNT
ACCUM. OVERAPPLIED OVERHEAD AND FRINGE	97,007.
DEFERRED COMPENSATION AGREEMENT	31,210.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	128,217.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 21

DESCRIPTION	AMOUNT
RENTAL EXPENSES	911,905.
TOTAL TO FORM 990, PART IV-B	911,905.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 22

DESCRIPTION	AMOUNT
RENTAL EXPENSES	<911,905.>
TOTAL TO FORM 990, PART IV-A	<911,905.>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 23

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
J. LOUIS NEWELL 10 POST OFFICE SQUARE, SUITE 1050 BOSTON, MA 02109	PRESIDENT 0-5	0.	0.	0.
JULIA M. RABKIN 100 FEDERAL STREET (MA5 100-07-01) BOSTON, MA 02110	TREASURER 0-5	0.	0.	0.
JONATHAN SPACK 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	EXECUTIVE DIR/SECRETARY 37.5	151,108.	22,666.	0.
FELIX ARROYO CITY HALL, 5TH FLOOR BOSTON, MA 02201	DIRECTOR 0-5	0.	0.	0.
JOHN CASE ONE TANNERY ROW SOMERVILLE, MA 02144	DIRECTOR 0-5	0.	0.	0.

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MARILYN ANDERSON CHASE 245 SUMMER STREET BOSTON, MA 02210	DIRECTOR 0-5	0.	0.	0.
CHUCK COLLINS 29 WINTER STREET BOSTON, MA 02108	DIRECTOR 0-5	0.	0.	0.
ANDREW S. GRIFFITHS 452 HURON AVENUE CAMBRIDGE, MA 02138	DIRECTOR 0-5	0.	0.	0.
ANNA MADISON, PH.D 10 ARNOLD ROAD QUINCY, MA 02171	DIRECTOR 0-5	0.	0.	0.
MELINDA MARBLE 186 SOUTH STREET, 4TH FLOOR BOSTON, MA 02111	DIRECTOR 0-5	0.	0.	0.
KRISTIN MCCORMACK 595 COMMONWEALTH AVENUE BOSTON, MA 02215	DIRECTOR 0-5	0.	0.	0.
CHARLAYNE MURRELL-SMITH 300 CONGRESS STREET BOSTON, MA 02210	DIRECTOR 0-5	0.	0.	0.
CHERYL SCHAFFER 55 LEE ROAD CHESTNUT HILL, MA 02467	DIRECTOR 0-5	0.	0.	0.
DAVID ORLINOFF 1361 MAIN STREET CONCORD, MA 01742	DIRECTOR 0-5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		151,108.	22,666.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 24

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 OTHER INCOME STATEMENT 25

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISC. INCOME	15,919.	7,864.	8,131.	352,707.
TOTAL TO SCHEDULE A, LINE 22	15,919.	7,864.	8,131.	352,707.

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 ▶ **X**
- ? If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization THIRD SECTOR NEW ENGLAND, INC.	Employer identification number 04-2261109
File by the due date for filing your return. See instructions.	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 | Form 990-T (corporation) | Form 4720 |
| Form 990-BL | Form 990-T (sec. 401(a) or 408(a) trust) | Form 5227 |
| Form 990-EZ | Form 990-T (trust other than above) | Form 6069 |
| Form 990-PF | Form 1041-A | Form 8870 |

The books are in the care of ▶ **ROBERT A. HAMMOND, DEPUTY DIRECTOR**

Telephone No. ▶ **(617) 523-6565** FAX No. ▶ _____

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-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15, 2005** 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, 2004**, and ending **MAR 31, 2005**

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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the 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	For IRS use only
	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):

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041 A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ ROBERT A. HAMMOND, DEPUTY DIRECTOR**
Telephone No **▶ (617) 523-6565** FAX No **▶**
- 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 is for

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2006**

5 For calendar year _____, or other tax year beginning **APR 1, 2004** and ending **MAR 31, 2005**

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 **▶ [Signature]** Title **▶ DIRECTOR** Date **▶ 11/15/05**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

EXTENSION APPROVED

Director _____ By: _____ Date **2005**

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name RSM MCGLADREY, INC.	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt no.) or a P.O. box number 7 NEW ENGLAND EXECUTIVE PARK, SUITE 320	
	City or town, province or state, and country (including postal or ZIP code) BURLINGTON, MA 01803-3485	