

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.

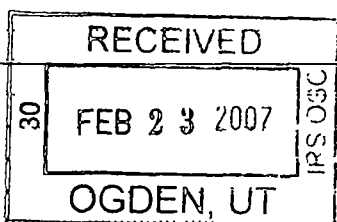
A For the 2005 calendar year, or tax year beginning APR 1, 2005 and ending MAR 31, 2006

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. D Employer identification number: 04-2261109. E Telephone number: 617-523-6565. F Accounting method: Cash, Accrual.

G Website: WWW.TSNE.ORG. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 15,888,820. M Check if the organization is not required to attach Sch. B.

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

Table with 21 rows and 4 columns: Line number, Description, Amount, and Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 14,942,821. Total expenses: 13,030,011. Net assets at end of year: 28,720,938.



SCANNED MAR 12 2007

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>2075259</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
22	2,075,259.	2,075,259.		
23 Specific assistance to individuals (attach schedule)				
23				
24 Benefits paid to or for members (attach schedule)				
24				
25 Compensation of officers, directors, etc. **	193,319.	0.	193,319.	0.
26 Other salaries and wages	4,721,326.	3,839,820.	872,640.	8,866.
27 Pension plan contributions				
28 Other employee benefits	1,142,879.	929,657.	211,069.	2,153.
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	71,869.	42,070.	29,766.	33.
32 Legal fees	32,289.	18,901.	13,373.	15.
33 Supplies	149,883.	120,594.	27,243.	2,046.
34 Telephone	86,522.	76,071.	10,451.	
35 Postage and shipping				
36 Occupancy	245,989.	238,168.	7,821.	
37 Equipment rental and maintenance	67,863.	50,690.	17,173.	
38 Printing and publications	96,404.	74,940.	18,051.	3,413.
39 Travel	478,355.	470,818.	6,302.	1,235.
40 Conferences, conventions, and meetings				
41 Interest	588,042.	588,042.		
42 Depreciation, depletion, etc (attach schedule)	393,763.	359,146.	34,617.	
43 Other expenses not covered above (itemize):				
a CONFERENCE EXPENSE	43a 336,098.	306,353.	23,600.	6,145.
b CONTRACT EXPENSE	43b 199,572.	197,777.	1,795.	0.
c MISCELLANEOUS	43c 72,055.	40,192.	26,113.	5,750.
d TRAINING	43d 12,219.	8,335.	3,884.	0.
e INSURANCE	43e 122,932.	90,989.	31,943.	0.
f PROFESSIONAL FEES	43f 1,189,217.	1,003,679.	177,768.	7,770.
g FACILITY EXPENSE	43g 754,156.	754,156.		
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 13,030,011.	11,285,657.	1,706,928.	37,426.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 6

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

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 11</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a <u>SEE STATEMENT 8</u>	
(Grants and allocations \$ <u>287,379.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>772,024.</u>
b <u>SEE STATEMENT 9</u>	
(Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>480,917.</u>
c <u>SEE STATEMENT 10</u>	
(Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>1,969,362.</u>
d <u>FISCAL SPONSORSHIP SERVICES HELPS COALITIONS, UNINCORPORATED GROUPS, AND INDEPENDENT RESEARCHERS TO MANTAIN EXCLUSIVE FOCUS ON MISSION AND PROGRAM BY PROVIDING FINANCIAL AND HUMAN RESOURCES MANAGEMENT.</u>	
(Grants and allocations \$ <u>1,787,880.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>8,063,354.</u>
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f <u>Total of Program Service Expenses (should equal line 44, column (B), Program services)</u> ►	<u>11,285,657.</u>

Form 990 (2005)

Part IV Balance Sheets (See the instructions)

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	9,636,118.	45 8,393,285.
	46 Savings and temporary cash investments	5,435,451.	46
	47 a Accounts receivable	47a 1,598,285.	
	b Less: allowance for doubtful accounts	47b	47c 1,598,285.
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	49
	49 Grants receivable		50
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 103,000.	
	b Less: allowance for doubtful accounts	51b	51c 103,000.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	135,039.	53 100,839.
	54 Investments - securities STMT 12 STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,267,090.	54 15,914,489.
	55 a Investments - land, buildings, and equipment basis STMT 18	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 18,831,236.		
b Less: accumulated depreciation STMT 14	57b 1,161,494.	57c 17,669,742.	
58 Other assets (describe SEE STATEMENT 15)	3,191,102.	58 6,452,063.	
59 Total assets (must equal line 74). Add lines 45 through 58	46,633,815.	59 50,231,703.	
Liabilities	60 Accounts payable and accrued expenses	1,705,774.	60 2,935,213.
	61 Grants payable		61
	62 Deferred revenue	497,852.	62 30,371.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities STMT 16	18,500,000.	64a 18,500,000.
	b Mortgages and other notes payable		64b
65 Other liabilities (describe SEE STATEMENT 17)	128,217.	65 45,181.	
66 Total liabilities. Add lines 60 through 65)	20,831,843.	66 21,510,765.	
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	23,639,744.	67 25,637,645.
	68 Temporarily restricted	2,162,228.	68 3,083,293.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	25,801,972.	73 28,720,938.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	46,633,815.	74 50,231,703.	

Part VI Other Information (continued)		Yes	No
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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85b		N/A
c	Dues, assessments, and similar amounts from members		
	85c		N/A
d	Section 162(e) lobbying and political expenditures		
	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		N/A
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?		
	85h		N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
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.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed: MA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	88
91 a	The books are in care of: ANDREW COX-STAVROS, CFO Telephone no.: 617-523-6565 Located at: LINCOLN PLAZA, 89 SOUTH STREET, NO. 700, BOSTON, ZIP + 4: 02111		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country: N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	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:					582,690.
a CONSULTING					
b PUBLICATION REVENUE	511120	197,490.			74,526.
c CONFERENCE REVENUE					216,751.
d CONTRACT REVENUE					788,345.
e RENTAL INCOME					460,439.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	3,436.	
95 Interest on savings and temporary cash investments			14	149,021.	
96 Dividends and interest from securities			14	378,472.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	108,036.			
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	164,845.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTY INCOME			15	4,026,397.	
b OTHER INCOME					43,582.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		305,526.		4,722,171.	2,166,333.
105 Total (add line 104, columns (B), (D), and (E))					7,194,030.

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 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).
21	SEE STATEMENT 21

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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.

Signature of officer: Jonathan Spack Date: 2/13/07 Type or print name and title: JONATHAN SPACK, EXEC. DIRECTOR

Preparer's signature: [Signature] Date: 2/13/07 Check if self-employed: Preparer's SSN or PTIN: 077-60-1312

Firm's name (or yours if self-employed), address, and ZIP + 4: TOFIAS PC
350 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139

EIN: Phone no.: 617-761-0600

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04 2261109

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NANCY GIST</u> C/O TNSE, LINCOLN PLAZA 89 SOUTH ST.,	ASSOCIATE DIRECTOR 37.50	190,026.	49,407.	
<u>GREGORY JOHNSON</u> C/O TNSE, LINCOLN PLAZA 89 SOUTH ST.,	EXECUTIVE DIRECTOR 37.50	137,805.	35,829.	
<u>CATHERINE DUNHAM</u> C/O TNSE, LINCOLN PLAZA 89 SOUTH ST.,	PROJECT MANAGER 37.50	136,914.	35,598.	
<u>RUTH MCCAMBRIDGE</u> C/O TNSE, LINCOLN PLAZA 89 SOUTH ST.,	DIRECTOR PROG. DEV. 37.50	117,254.	30,486.	
<u>VAN LINH TROUNG LE</u> C/O TNSE, LINCOLN PLAZA 89 SOUTH ST.,	SR. PROJECT MANAGER 37.50	114,964.	29,891.	
Total number of other employees paid over \$50,000	▶ 36			

Part II-A 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>SYMMES MAINI & MCKEE ASSOCIATES</u> 1000 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138	ARCHITECTURE / PLANNING	147,735.
<u>SONIA BARNES-MOOREHEAD</u> 2174 LITTLE RED KILL ROAD, FLEISCHMANN'S, NY	PLANNING	72,058.
<u>SUSAN LANE</u> 5225 POOKS HILL ROAD, BETHESDA, MD	TECHNICAL ASSISTANCE	71,646.
<u>AUGUST BISHOP</u> 307 W. 38TH, SUITE 807, NEW YORK, NY	COMMUNICATIONS	66,830.
<u>CASNER & EDWARDS</u> 303 CONGRESS STREET, BOSTON, MA	LEGAL	54,460.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>COMMODORE BUILDERS</u> 130 RUMFORD AVE, SUITE 108, NEWTON, MA	CONSTRUCTION	2378644.
<u>PAYTON</u> 273 SUMMER STREET, BOSTON, MA 02210	CONSTRUCTION	1498898.

Total number of other contractors receiving over \$50,000 for other 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 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)? <i>See form 990, part V-A</i>	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	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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.)
 - 11 a** 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.)
 - 11 b** 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,896,581.	7,160,146.	5,014,746.	3,441,803.	23,513,276.
16 Membership fees received	10,460.	44,351.	93,608.	0.	148,419.
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	1,509,646.	5,107,340.	4,169,938.	4,041,145.	14,828,069.
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	5,064,062.	440,372.	316,638.	395,291.	6,216,363.
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	35,309.	15,919.	7,864.	8,131.	67,223.
23 Total of lines 15 through 22	14,516,058.	12,768,128.	9,602,794.	7,886,370.	44,773,350.
24 Line 23 minus line 17	13,006,412.	7,660,788.	5,432,856.	3,845,225.	29,945,281.
25 Enter 1% of line 23	145,161.	127,681.	96,028.	78,864.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 598,906.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 11,200,201.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 29,945,281.
d Add: Amounts from column (e) for lines: 18 6,216,363. 19 _____ 22 67,223. 26b 11,200,201.					26d 17,483,787.
e Public support (line 26c minus line 26d total)					26e 12,461,494.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 41.6142%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
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
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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
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.)		
<hr/>			
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.)		
<hr/>			
<hr/>			
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 -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL PROPERTY	1	524,510.
TOTAL TO FORM 990, PART I, LINE 6A		524,510.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSE RELATED TO DEBT FINANCED PROPERTY		416,474.	
- SUBTOTAL -	1		416,474.
TOTAL TO FORM 990, PART I, LINE 6B			416,474.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF CAPITAL ASSETS	594,370.	507,567.	0.	86,803.
TO FORM 990, PART I, LINE 8	594,370.	507,567.	0.	86,803.

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	0.	106.	0.	0.	-106.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SALE OF INTELECTUAL PROPERTY	VARIOUS	VARIOUS	PURCHASED	100,000.	21,852.	0.	0.	78,148.
TO FM 990, PART I, LN 8				100,000.	21,958.	0.	0.	78,042.

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

DESCRIPTION	AMOUNT
LOSS FROM DISCOUNTED OPERATIONS	-582,142.
UNREALIZED GAIN ON SECURITIES STATED AT FAIR MARKET VALUE	1,594,404.
PRIOR PERIOD ADJUSTMENT	-6,106.
TOTAL TO FORM 990, PART I, LINE 20	1,006,156.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHNATHAN SPACK	153,428.	39,891.		193,319.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	153,428.	39,891.		193,319.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				193,319.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				193,319.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SOCIAL SERVICE	THROUGH THE LOOKING GLASS		NONE	50,090.
SOCIAL SERVICE	NATIONAL COMPADRES NETWORK, INC		NONE	80,436.
SOCIAL SERVICE	N.E. SAN JUAN COMMUNITY HEALTH CARE FUND		NONE	71,000.
SOCIAL SERVICE	TURNING POINT/DISCIPLSHIP		NONE	100,000.
SOCIAL SERVICE	MINORITY DEVELOPMENT & EMPOWERMENT		NONE	100,000.
SOCIAL SERVICE	NEW PHOENIX ASSISTANCE CENTER		NONE	100,000.

SOCIAL SERVICE	DELMARVA COMMUNITY ALLIANCE	NONE	34,100.
SOCIAL SERVICE	AMERICAN INDIAN PREVENTION ORG	NONE	105,000.
SOCIAL SERVICE	STREET WORKS	NONE	105,000.
SOCIAL SERVICE	NEW YORK CITY AIDS HOUSING NETWORK	NONE	105,000.
SOCIAL SERVICE	NATIONAL MOBILIZATION AGAINST SWEATSHOPS	NONE	120,000.
SOCIAL SERVICE	HMONG WOMEN'S HERITAGE ASSOCIATION	NONE	105,000.
SOCIAL SERVICE	AIDS COMMUNITY RESOURCE NETWORK	NONE	5,000.
SOCIAL SERVICE	METROPOLITAN COMMUNITY HEALTH	NONE	105,000.
SOCIAL SERVICE	COALITION TO END CHILDHOOD LEAD POISONING	NONE	105,000.
SOCIAL SERVICE	NEW MEXICO CONFERENCE OF CHURCHES	NONE	105,000.
SOCIAL SERVICE	PACIFIC COUNTY PUBLIC H&HS	NONE	105,000.
PERSONAL AWARD	BONNIE BEACH	NONE	15,000.
PERSONAL AWARDS	RON CROWDER	NONE	15,000.
PERSONAL AWARDS	JENNIFER FLYNN	NONE	15,000.
PERSONAL AWARD	MAY YING LY	NONE	15,000.
PERSONAL AWARD	THOMAS MOCK	NONE	15,000.
PERSONAL AWARD	REVEREND DAVID MOORE	NONE	15,000.
PERSONAL AWARD	RUTH ANN NORTON	NONE	15,000.

PERSONAL AWARD	ALMA OLIVAS	NONE	15,000.
PERSONAL AWARD	KATHY SPOOR	NONE	15,000.
SOCIAL SERVICE	LEAGUE OF YOUNG VOTERS	NONE	10,499.
SOCIAL SERVICE	COMMUNITY CHANGE INC	NONE	7,840.
SOCIAL SERVICE	LEAGUE OF YOUNG VOTERS	NONE	4,855.
SOCIAL SERVICE	BOSTON ADULT LITERACY FUND	NONE	4,000.
SOCIAL SERVICE	CITY MISSION SOCIETY	NONE	4,000.
SOCIAL SERVICE	INSTITUTE OF COMMUNITY ART	NONE	4,000.
SOCIAL SERVICE	LOWER/OUTER CAPE COMMUNITY COALITION	NONE	4,000.
SOCIAL SERVICE	MASSACHUSETTS LEGAL ASSISTANCE	NONE	4,000.
SOCIAL SERVICE	MULTICULTURAL AIDS COALITION	NONE	4,000.
SOCIAL SERVICE	NORTHEAST ACTION	NONE	4,000.
SOCIAL SERVICE	NUEVA ESPERANZA INC	NONE	4,000.
SOCIAL SERVICE	THE BOSTON TENTENT COALITION	NONE	4,000.
SOCIAL SERVICE	BOYS & GIRLS CLUB OF NEWPORT	NONE	3,500.
SOCIAL SERVICE	THE DANCE ALLIANCE	NONE	4,000.
SOCIAL SERVICE	PROVIDENCE BLACK REPERTY	NONE	4,000.
SOCIAL SERVICE	VIETNAMESE AMERICAN INITIATIVE	NONE	4,000.
SOCIAL SERVICE	YWCA OF CENTRAL MASSACHUSETTS	NONE	4,000.

SOCIAL SERVICE	CONNECTIONS CO-OP	NONE	4,000.
SOCIAL SERVICE	CITY MISSION SOCIETY	NONE	20,000.
SOCIAL SERVICE	COOPERATIVE DEVELOPMENT INSTITUTE	NONE	20,000.
SOCIAL SERVICE	LOWER/OUTER CAPE COMMUNITY COALITION	NONE	20,000.
SOCIAL SERVICE	MASSACHUSETTS LEGAL ASSISTANCE	NONE	20,000.
SOCIAL SERVICE	MULTICULTURAL AIDS COALITION	NONE	20,000.
SOCIAL SERVICE	NUEVA ESPERANZA INC	NONE	20,000.
SOCIAL SERVICE	BOYS & GIRLS CLUB OF NEWPORT	NONE	20,000.
SOCIAL SERVICE	PROVIDENCE BLACK REPERTY	NONE	20,000.
SOCIAL SERVICE	VIETNAMESE AMERICAN INITIATIVE	NONE	20,000.
SOCIAL SERVICE	YWCA OF CENTRAL MASSACHUSETTS	NONE	20,000.
SOCIAL SERVICE	RHODE ISLAND RIVERS COUNCIL	NONE	2,500.
SOCIAL SERVICE	MASSACHUSETTS ASSOCIATION OF COMMUNITY	NONE	2,500.
SOCIAL SERVICE	LITERACY PROJECT	NONE	2,500.
SOCIAL SERVICE	NEW URBAN ARTS	NONE	2,500.
SOCIAL SERVICE	THREE PYRAMIDS, INC.	NONE	2,500.
SOCIAL SERVICE	GREATER HOLYOKE CHAMBER CENTENNIAL	NONE	2,500.
SOCIAL SERVICE	BAYSTATE MEDICAL & EDUCATION	NONE	1,100.

SOCIAL SERVICE	UMASS MEDICAL SCHOOL	NONE	2,800.
PERSONAL AWARD	COLLIQUE WILLIAMS	NONE	200.
SOCIAL SERVICE	DSNI	NONE	20,000.
SOCIAL SERVICE	EBECC	NONE	20,000.
SOCIAL SERVICE	ACORN	NONE	20,000.
SOCIAL SERVICE	SOCIEDAD LATINA	NONE	20,000.
SOCIAL SERVICE	CITY LIFE / VITA URBANA	NONE	10,000.
SOCIAL SERVICE	CASEY FOUNDATION	NONE	15,000.
SOCIAL SERVICE	MASSACHUSETTS ADVOCATES FOR CHANGE	NONE	25,800.
SOCIAL SERVICE	ROBERT KENNEDY CHIDRENS ACTION	NONE	1,000.
SOCIAL SERVICE	PROJECT HIP HOP	NONE	1,000.
SOCIAL SERVICE	DEANA'S FUND EVA AWARD	NONE	250.
SOCIAL SERVICE	UNITED WAY OF MASS BAY	NONE	100.
SOCIAL SERVICE	JEWISH VOCATIONAL SERVICES	NONE	500.
SOCIAL SERVICE	NORTH SHORE MUSIC THEATRE	NONE	250.
SOCIAL SERVICE	URBAN ART INSTITUTE	NONE	250.
SOCIAL SERVICE	MISCELLANEOUS	NONE	3,689.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			<u>2075259.</u>

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	287,379.	772,024.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 9

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.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
0.	480,917.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE THREE

THE NONPROFIT CENTER IS BOSTON'S HOME FOR PROGRESSIVE SOCIAL CHANGE NONPROFITS AND A RESOURCE FOR THE LARGER NONPROFIT COMMUNITY. DEVELOPED USING SUSTAINABLE DESIGN, THE CENTER'S MISSION IS TO FOSTER COLLABORATION AND ENHANCE ORGANIZATIONAL STABILITY. THE CENTER'S TENANTS ARE COMMITTED TO COLLABORATIVE PRACTICE AND ENHANCING NONPROFIT EFFECTIVENESS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	0.	1,969,362.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 11

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 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	FMV	9,727,272.			9,727,272.
CORPORATE BONDS	FMV		747,403.		747,403.
TO FORM 990, LINE 54, COL B		9,727,272.	747,403.		10,474,675.

FORM 990 **GOVERNMENT SECURITIES** **STATEMENT 13**

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT BONDS	FMV	3,113,491.		3,113,491.
TOTAL TO FORM 990, LINE 54, COL B		3,113,491.		3,113,491.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT 14**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	5,574,237.	0.	5,574,237.
BUILDING	9,559,539.	487,935.	9,071,604.
BUILDING IMPROVEMENTS	3,028,983.	174,690.	2,854,293.
EQUIPMENT	489,857.	320,249.	169,608.
SOFTWARE	178,620.	178,620.	0.
TOTAL TO FORM 990, PART IV, LN 57		18,831,236.	17,669,742.

FORM 990 **OTHER ASSETS** **STATEMENT 15**

DESCRIPTION	AMOUNT	
ROYALTY FEES RECEIVABLE	2,409,434.	
ASSETS UNDER SWAP AGREEMENT	333,915.	
CASH SURRENDER VALUE OF LIFE INSURANCE	38,060.	
CONSTRUCTION IN PROGRESS	3,168,477.	
DEFERRED BOND ISSUANCE COSTS	502,177.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		6,452,063.

FORM 990 TAX-EXEMPT BOND MORTGAGES OUTSTANDING STATEMENT 16

PURPOSE OF ISSUE

TO DEVELOP "THE NONPROFIT CENTER"

UNEXPENDED BOND PROCEEDS	MATURITY DATE	INTEREST RATE	USE BY THIRD PARTY	AMOUNT OF ISSUE OUTSTANDING
1,665,241.	11/01/34	2.91%	LESS THAN 5%	
REPAYMENT TERMS			SECURITY PROVIDED	
ANNUAL VARIABLE			REAL PROPERTY	18,500,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A				18,500,000.

FORM 990 OTHER LIABILITIES STATEMENT 17

DESCRIPTION	AMOUNT
ACCUMULATED OVERAPPLIED OVERHEAD AND FRINGE	7,121.
DEFERRED COMPENSATION LIABILITY	38,060.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	45,181.

FORM 990 OTHER SECURITIES STATEMENT 18

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
OTHER	FMV	2,326,323.
TO FORM 990, LINE 54, COL B		2,326,323.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 19

DESCRIPTION	AMOUNT
ADVERTISING REVENUE FROM DISCONTINUED OPERATIONS	197,490.
TOTAL TO FORM 990, PART IV-A	197,490.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
J. LOUIS NEWELL C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	PRESIDENT 1.00	0.	0.	0.
MARILYN ANDERSON CHASE C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	TREASURER 1.00	0.	0.	0.
JONATHAN SPACK C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	EXECUTIVE DIRECTOR/SECRETARY 37.50	153,428.	39,891.	0.
DAVID ORLINOFF C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	ASSISTANT TREASURER 1.00	0.	0.	0.
JOHN CASE C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
JOHANNA CHAO RITTENBURG C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.

CHUCK COLLINS C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
ANDREW S. GRIFFITHS C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
ANNA MADISON, PH.D. C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
MELINDA MARBLE C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
KRISTEN MCCORMACK C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
CHARLAYNE MURRELL-SMITH C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
CHERYL SCHAFFER C/O TSNE, LINCOLN PLAZA, 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>153,428.</u>	<u>39,891.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 21
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 & TSNE IS A RESOURCE CENTER FOR INDIVIDUAL NON-PROFITS AND THE
 103 NON-PROFIT SECTOR AS WHOLE. OUR ACTIVITIES ARE EDUCATIONAL AND
 CAPICITY BUILDING IN NATURE AND HELP NON-PROFITS 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 22
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS INCOME	35,309.	15,919.	7,864.	8,131.
TOTAL TO SCHEDULE A, LINE 22	35,309.	15,919.	7,864.	8,131.

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)
- 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 LINCOLN PLAZA, 89 SOUTH STREET, NO. 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02111	

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 |

- The books are in the care of ▶ ANDREW COX-STAVROS, CFO
 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, 2006 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, 2005, and ending MAR 31, 2006
- 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

by 8/10/06

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: THIRD SECTOR NEW ENGLAND, INC., LINCOLN PLAZA, 89 SOUTH STREET, NO. 700, BOSTON, MA 02111.

Check type of return to be filed (File a separate application for each return). Includes checkboxes for Form 990, Form 990-EZ, Form 990-T, 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 ANDREW COX-STAVROS, CFO. 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.

I request an additional 3-month extension of time until FEBRUARY 15, 2007

For calendar year, or other tax year beginning APR 1, 2005 and ending MAR 31, 2006

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

State in detail why you need the extension: ADDITIONAL TIME IS NEEDED 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 [Handwritten Signature] Title CPA Date 11/13/06

Notice to Applicant - To Be Completed by the IRS

- Checkboxes for: We have approved this application. We have not approved this application. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director By: Date

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

Table with 2 columns: Type or print, Name, Number and street, City or town, province or state, and country. Includes address: TOFIAS PC, 350 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139