

Form 990
Department of the Treasury
Internal Revenue Service

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)

OMB No 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- 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 No 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)

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

G Web site: wwwtsneorg

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

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? Yes No (If "No," attach a list See instructions)

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)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 22,535,085

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

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 (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ 2,368,250 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	2,368,250	2,368,250	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	203,745	203,745	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	5,051,843	3,950,696	80,141
27	Pension plan contributions not included on lines 25a, b and c	27			
28	Employee benefits not included on lines 25a - 27	28	1,360,663	941,529	19,678
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	96,098	70,471	25,627
32	Legal fees	32	72,513	53,176	19,337
33	Supplies	33	144,810	115,225	4,612
34	Telephone	34	88,002	75,758	300
35	Postage and shipping	35			
36	Occupancy	36	294,162	279,696	14,466
37	Equipment rental and maintenance	37	103,086	85,878	663
38	Printing and publications	38	102,270	86,390	5,419
39	Travel	39	234,468	227,598	734
40	Conferences, conventions, and meetings	40			
41	Interest	41	804,838	804,838	
42	Depreciation, depletion, etc (attach schedule)	42	536,824	504,267	32,557
43	Other expenses not covered above (itemize)				
a	conference expense	43a	282,251	247,876	8,483
b	contract expense	43b	93,181	91,793	1,388
c	MIScellaneous	43c	99,631	60,858	2,775
d	training	43d	9,822	4,740	5,082
e	insurance	43e	78,243	42,382	35,861
f	professional fees	43f	1,327,846	1,148,323	28,100
g	facility expense	43g	717,176	717,176	
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,069,722	11,876,920	150,905

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 (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? ▶		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>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.</p> <p>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.)</p> <p>a 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.</p> <p>(Grants and allocations \$ 364,000) If this amount includes foreign grants, check here <input type="checkbox"/></p>	599,667	
<p>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.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	828,483	
<p>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.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	2,653,625	
<p>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 NON-PROFIT COMMUNITY BASED ORGANIZATIONS.</p> <p>(Grants and allocations \$ 2,004,250) If this amount includes foreign grants, check here <input type="checkbox"/></p>	7,795,145	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>		
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	11,876,920	

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)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	6,510,233	46	3,087,614	
	47a Accounts receivable	47a 2,291,550			
	b Less allowance for doubtful accounts		47b	1,571,778	47c 2,291,550
	48a Pledges receivable		48a		
	b Less allowance for doubtful accounts		48b		48c
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a 78,564			
	b Less allowance for doubtful accounts		51b	103,647	51c 78,564
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	57,560	53	60,087	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	11,195,235	54a	14,902,462	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,548,499	54b	3,267,693	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)		55b		55c	
56 Investments—other (attach schedule)		56			
57a Land, buildings, and equipment basis	57a 23,033,093				
b Less accumulated depreciation (attach schedule)		57b 1,825,622	17,934,257	57c 21,207,471	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			6,595,473	58 4,730,742	
59 Total assets (must equal line 74) Add lines 45 through 58	48,516,682	59	49,626,183		
Liabilities	60 Accounts payable and accrued expenses	2,526,561	60	1,663,910	
	61 Grants payable		61		
	62 Deferred revenue	22,833	62	70,179	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)	18,500,000	64a	18,400,000	
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)	35,663	65	42,645	
66 Total liabilities Add lines 60 through 65	21,085,057	66	20,176,734		
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	24,682,005	67	26,266,637	
	68 Temporarily restricted	2,749,620	68	3,182,812	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	27,431,625	73	29,449,449	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	48,516,682	74	49,626,183	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: 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? 80a: 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? 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b 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?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of
91b 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?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

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** _____

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) Exclusion code	(D) Amount	
93 Program service revenue					
a consulting					751,802
b publication revenue					74,482
c conference revenue					94,861
d contract revenue					1,251,687
e rental income					555,659
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	16,252	
95 Interest on savings and temporary cash investments			14	328,814	
96 Dividends and interest from securities			14	471,812	
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	186,245			
b non 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	152,765	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a royalty income			15	3,710,685	
b other income					41,188
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		186,245		4,680,328	2,769,679
105 Total (add line 104, columns (B), (D), and (E))					7,636,252

Note: Line 105 plus line 1e, 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)
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

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
TSNE NONPROFIT CENTER LLC LINCOLN PLAZA 89 SOUTH STREET BOSTON, MA02111 04-2261109	10000 00 %	RENTAL PROPERTY HELD FOR NFP THIRD SECTOR NEW ENGLAND	1,079,720	22,517,828
	%			
	%			
	%			

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).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

Please Sign Here	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	2008-05-13 Date
	ANDREW COX-STAVROS CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Craig Klein	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	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
990EZ)**

**Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

2006

Department of the
Treasury
Internal Revenue
Service

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 2 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
GREGORY A JOHNSON C/O TSNE lincoln plaza 89 SOUTH ST BOSTON, MA 02111	DIRECTOR 37 50	146,966	15,779	0
CATHERINE M DUNHAM C/O TSNE lincoln plaza 89 SOUTH ST BOSTON, MA 02111	DIRECTOR 37 50	127,855	26,815	0
VAN LINH TRUONG LE C/O TSNE LINCOLN PLAZA 89 SOUTH ST BOSTON, MA 02111	SENIOR PROJECT MGR 37 50	122,567	20,810	0
DEBORAH S LINNELL C/O TSNE LINCOLN PLAZA 89 SOUTH ST BOSTON, MA 02111	PROGRAM DIRECTOR 37 50	111,508	17,139	0
ANDREW COX-STAVROS C/O TSNE LINCOLN PLAZA 89 SOUTH ST BOSTON, MA 02111	CHEIF FINANCIAL OFF 37 50	101,305	13,981	0
Total number of other employees paid over \$50,000	33			

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
ANN THOMAS 68 BRENWAY DR HARTFORD, CT 06117	TRANSITION CONSULTING	62,768
CLEAN ENERGY SOLUTIONS 112 PEARL ST 1 CAMBRIDGE, MA 02139	PLANNINGASSESSMENT	54,998
TOFIAS PC 350 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	AUDITTAX PREPARATION	53,500
Total number of others receiving over \$50,000 for professional services		

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 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
commodore builders 130 rumford ave suite 108 newton, MA 02466	construction	1,207,101
Total number of other contractors receiving over \$50,000 for other services		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.) 🗨</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,585,416	7,748,791	7,896,581	7,160,146	24,390,934
16 Membership fees received	1,355	3,436	10,460	44,351	59,602
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	557,362	2,320,241	1,509,646	5,107,340	9,494,589
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	307,989	5,078,400	5,064,062	440,372	10,890,823
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	106,623	43,582	35,309	15,919	201,433
23 Total of lines 15 through 22	2,558,745	15,194,450	14,516,058	12,768,128	45,037,381
24 Line 23 minus line 17	2,001,383	12,874,209	13,006,412	7,660,788	35,542,792
25 Enter 1% of line 23	25,587	151,945	145,161	127,681	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 710,856
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 12,804,899
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 35,542,792
d Add Amounts from column (e) for lines	18 10,890,823	19 0			
	22	26b 12,804,899			26d 23,897,155
e Public support (line 26c minus line 26d total)					26e 11,645,637
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 32.76 51 %
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	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 10 of the instructions.)(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

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
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 13 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Additional Data

Software ID:
Software Version:
EIN: 04-2261109
Name: third sector new england inc

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
J LOUIS NEWELL c/o tsne lincoln plaza 89 south street boston, MA 02111	PRESIDENT 0 25	0	0	0
CHERYL SCHAFFER C/o tsne lincoln plaza 89 south street Boston, MA 02111	VICE PRESIDENT 0 25	0	0	0
MARILYN ANDERSON CHASE c/o tsne lincoln plaza 89 south street boston, MA 02111	TREASURER 0 25	0	0	0
JONATHAN SPACK c/o tsne lincoln plaza 89 south street boston, MA 02111	EXECUTIVE DIRECTOR SECRETARY 37 50	165,000	38,745	0
DAVID ORLINOFF c/o tsne lincoln plaza 89 south street boston, MA 02111	assistant treasurer 0 25	0	0	0
JENNY AMORY C/o tsne lincoln plaza 89 south street Boston, MA 02111	DIRECTOR 0 25	0	0	0
ARLENE FORTUNATO C/o tsne lincoln plaza 89 south street Boston, MA 02111	DIRECTOR 0 25	0	0	0
EVELYN FRIEDMAN c/o tsne lincoln plaza 89 south street boston, MA 02111	DIRECTOR 0 25	0	0	0
ANNA MADISON PHD c/o tsne lincoln plaza 89 south street boston, MA 02111	DIRECTOR 0 25	0	0	0
KRISTEN MCCORMACK c/o tsne lincoln plaza 89 south street boston, MA 02111	DIRECTOR 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHARLAYNE MURRELL-SMITH c/o tsne lincoln plaza 89 south street boston, MA 02111	DIRECTOR 0 25	0	0	0
ALI NOORANI C/o tsne lincoln plaza 89 south street Boston, MA 02111	DIRECTOR 0 25	0	0	0
JOHANNA CHAO RITTENBURG C/o tsne lincoln plaza 89 south street Boston, MA 02111	DIRECTOR 0 25	0	0	0
LIZA VERTINSKY C/o tsne lincoln plaza 89 south street Boston, MA 02111	DIRECTOR 0 25	0	0	0

TY 2006 Cash Grants Paid Schedule

Name: third sector new england inc

EIN: 04-2261109

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	PYRAMID COMMUNITY PARENT RESOURCES		100,000	
SOCIAL SERVICE	CENTRAL MASS ORAL HEALTH INITIATIVE		105,000	
SOCIAL SERVICE	COLORADO CENTER ON LAW AND POLICY		105,000	
SOCIAL SERVICE	COMMUNITY ASSET RESOURCE ENTER		105,000	
SOCIAL SERVICE	PRIMARY CARE ASSOCIATION		105,000	
SOCIAL SERVICE	COMPREHENSIVE AIDS PROGRAM OF PALM BEACH		105,000	
SOCIAL SERVICE	UNITED TEEN EQUALITY CENTER		105,000	
SOCIAL SERVICE	ARAB AMERICAN AND CHALDEAN COUNCIL		105,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	CENTER FOR THE VISUALLY IMPAIRED		105,000	
SOCIAL SERVICE	IDAHO SUPREME COURT		105,000	
SOCIAL SERVICE	LOUISIANA DEPT OF HEALTH & HOSPITALS		25,000	
SOCIAL SERVICE	HEALTH ACCESS WASHOE COUNTY		105,000	
SOCIAL SERVICE	DEEP SOUTH CENTER FOR ENV JUSDILLARD		105,000	
SOCIAL SERVICE	COASTAL FAMILY HEALTH CENTER		105,000	
SOCIAL SERVICE	YOUTHANASIA FOUNDATION		105,000	
SOCIAL SERVICE	MQVN COMMUNITY DEV CORP		105,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	UNITED CEREBRAL PALSY		105,000	
PERSONAL AWARD	BEVERLY WRIGHT		15,000	
PERSONAL AWARD	JOE DAWSEY		15,000	
PERSONAL AWARD	KIMBERLY BYAS		15,000	
PERSONAL AWARD	VIEN NGUEN		15,000	
PERSONAL AWARD	ELISE HOUGH		15,000	
SOCIAL SERVICE	ALTERNATIVES FOR COMM ENVIRON		10,000	
SOCIAL SERVICE	THE ALLIANCE		12,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	THE CITY SCHOOL		10,000	
SOCIAL SERVICE	EXECUTIVE SERVICE CORPS		10,000	
SOCIAL SERVICE	FAIR HOUSING CTR OF GREATER BOSTON		9,000	
SOCIAL SERVICE	HAYMARKET REPORT FUND		10,000	
SOCIAL SERVICE	PRO CHOICE MASS NARAL FOUNDATION		10,000	
SOCIAL SERVICE	UNION OF CONCERNED SCIENTISTS		10,000	
SOCIAL SERVICE	CODMAN SQUARE NEIGHBORHOOD DEV		4,500	
SOCIAL SERVICE	DORCHESTER NAZARENE COMPASSION		4,500	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	DISCOVER ROXBURY		4,000	
SOCIAL SERVICE	DUDLEY STREET NEIGHBORHOOD		4,500	
SOCIAL SERVICE	INSTITUTE FOR COMMUNITY BUILDING		4,500	
SOCIAL SERVICE	INTERFAITH ACTION INC		3,400	
SOCIAL SERVICE	RI COALITION AGAINST DOMESTIC		4,000	
SOCIAL SERVICE	FOOD BANK OF WESTERN MASSACHUSETTS		4,500	
SOCIAL SERVICE	JEWISH FAMILY SERVICE OF WORCESTER		4,000	
SOCIAL SERVICE	CENTRO PRESENTE		4,500	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	ADOLESCENT CONSULTATION SERVICE		4,500	
SOCIAL SERVICE	WOMEN'S THEOLOGICAL CENTER		4,500	
SOCIAL SERVICE	BOSTNET		4,500	
SOCIAL SERVICE	ASIAN TASK FORCE AGAINST DOMESTIC VIOLENCE		4,500	
SOCIAL SERVICE	CENTER FOR COMMUNITY HEALTH		2,500	
SOCIAL SERVICE	DISCOVER ROXBURY		25,000	
SOCIAL SERVICE	DUDLEY STREET NEIGHBORHOOD		25,000	
SOCIAL SERVICE	INSTITUTE FOR COMMUNITY BUILDING		25,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	INTERFAITH ACTION INC		25,000	
SOCIAL SERVICE	RI COALITION AGAINST DOMESTIC		25,000	
SOCIAL SERVICE	JEWISH FAMILY SERVICE OF WORCESTER		25,000	
SOCIAL SERVICE	FOOD BANK OF WESTERN MASSACHUSETTS		25,000	
SOCIAL SERVICE	CENTRO PRESENTE		25,000	
SOCIAL SERVICE	TSNE 2007 NONPPROFIT WORKOUT		20,100	
SOCIAL SERVICE	JACKSONVILLE JAGUARS FOUNDATION		5,000	
PERSONAL AWARD	ALISHA GREENBERG		10,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
PERSONAL AWARD	MEENU TUTEJA		1,000	
SOCIAL SERVICE	CITY LIFEVITA URBANA		12,500	
SOCIAL SERVICE	ACORN		10,000	
SOCIAL SERVICE	SOCIEDAD LATINA		10,000	
SOCIAL SERVICE	EBECC		32,800	
SOCIAL SERVICE	DUDLEY STREET NEIGHBORHOOD		10,000	
SOCIAL SERVICE	CITY LIFEVITA URBANA		30,300	
SOCIAL SERVICE	DUDLEY STREET NEIGHBORHOOD		22,800	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	ACORN		22,800	
SOCIAL SERVICE	SOCIEDAD LATINA		22,800	
SOCIAL SERVICE	DUDLEY STREET NEIGHBORHOOD		7,200	
SOCIAL SERVICE	ACORN		7,200	
SOCIAL SERVICE	SOCIEDAD LATINA		7,200	
SOCIAL SERVICE	EBECC		7,200	
SOCIAL SERVICE	CITY LIFEVITA URBANA		7,200	
SOCIAL SERVICE	MYTOWN		1,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
SOCIAL SERVICE	CASTLE SQUARE TENANTS ORG INC		1,000	
SOCIAL SERVICE	WATERTOWN ARTS ON THE CHARLES		250	
SOCIAL SERVICE	TEEN VOICES		250	
SOCIAL SERVICE	MASSACHUSETTS IMMIGRANT		250	
SOCIAL SERVICE	ACORN		250	
SOCIAL SERVICE	MULTIPLE MYELOMA RESEARCH		250	

TY 2006 Depreciation and Depletion Schedule

Name: third sector new england inc

EIN: 04-2261109

Asset	Amount
building improvements	230,458
equipment	61,973
software	5,404
BUILDINGS	238,989

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** third sector new england inc**EIN:** 04-2261109**Gross Sales Price:** 7,576,337**Basis:** 7,423,572**Sales Expenses:** 0**Total (net):** 152,765

TY 2006 General Explanation Attachment

Name: third sector new england inc

EIN: 04-2261109

Identifier	Return Reference	Explanation
		FORM 990, PART IX TSNE NONPROFIT CENTER, LLC DOES NOT HAVE AN EIN THE EIN OF THIRD SECTO R NEW ENGLAND, INC IS USED AND HAS BEEN PRESENTED FOR TSNE NONPROFIT CENTER, LLC ON FORM 990, PART IX

TY 2006 Investments - Securities Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	Book Value	Cost/FMV
common stock	10,697,461	F
corporate bonds	155,974	F
government bonds	3,537,407	F
money market	3,267,693	F
fixed income mutual funds	511,620	F

TY 2006 Land etc. Schedule

Name: third sector new england inc

EIN: 04-2261109

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
building improvements	7,037,054	481,786	6,555,268
equipment	499,242	376,567	122,675
software	363,021	176,394	186,627
BUILDINGS	9,559,539	786,671	8,772,868
LAND	5,574,237		5,574,237

TY 2006 Other Assets Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	Beginning of Year Amount	End of Year Amount
ROYALTY FEES RECEIVABLE	2,359,413	2,440,730
ASSETS UNDER SWAP AGREEMENT	536,169	466,963
CASH SURRENDER VALUE OF LIFE INSURANCE	35,663	42,645
Construction in progress	3,168,477	1,310,357
deferred bond issuance costs	495,751	470,047

TY 2006 Other Changes in Net Assets Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	Amount
unrealized gain on securities stated at fair market value	1,383,055
LOSS ON SWAP	-69,206

TY 2006 Other Expenses Included Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	Amount
Rental expense	337,816

TY 2006 Other Liabilities Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	Beginning of Year Amount	End of Year Amount
deferred compensation liability	35,663	42,645

TY 2006 Other Revenues Included Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	Amount
Rental expense	337,816

**TY 2006 Other Revenues
Not Included Schedule**

Name: third sector new england inc

EIN: 04-2261109

Description	Amount
LOSS ON SWAP	69,205

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: third sector new england inc

EIN: 04-2261109

Item No.	1
Name of Issue	
Purpose	to develop the nonprofit center
Amount Outstanding	18400000
Unexpended Bond Proceeds	116863
Third Party Use	
Space Percentage	
Maturity Date	2034-11
Repayment Terms	annual variable
Interest Rate	291.00 %
Security	real property and other assets

TY 2006 Other Income Schedule

Name: third sector new england inc

EIN: 04-2261109

Description	2003	2002	2001	2000	Total
miscellaneous income	106,623	43,582	35,309	15,919	201,433

TY 2006 Self Dealing Statement

Name: third sector new england inc

EIN: 04-2261109

Line Number	Explanation
2d	SEE PART V-A