

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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: 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: Accrual

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.tsne.org

J Organization type (check only one): 501(c)(3)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 17,578,001

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, Other investment income, Gross amount from sales of assets, Special events, 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 at beginning of year, Other changes in net assets, Net assets 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	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ 594,639 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	594,639	594,639		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	247,056	247,056		
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b>	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)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	5,515,885	4,509,724	147,664	
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>				
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	1,715,846	1,095,312	43,565	
<b>29</b>	Payroll taxes	<b>29</b>				
<b>30</b>	Professional fundraising fees	<b>30</b>				
<b>31</b>	Accounting fees	<b>31</b>	94,862	54,506	794	
<b>32</b>	Legal fees	<b>32</b>	35,260	20,260	295	
<b>33</b>	Supplies	<b>33</b>	244,218	183,005	4,290	
<b>34</b>	Telephone	<b>34</b>	118,409	91,194		
<b>35</b>	Postage and shipping	<b>35</b>				
<b>36</b>	Occupancy	<b>36</b>	351,934	332,714	19,220	
<b>37</b>	Equipment rental and maintenance	<b>37</b>	75,436	52,774	22,662	
<b>38</b>	Printing and publications	<b>38</b>	127,838	108,605	3,826	
<b>39</b>	Travel	<b>39</b>	241,398	218,177	15,042	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>				
<b>41</b>	Interest	<b>41</b>	830,214	830,214		
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	770,588	711,446	59,142	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	conference expense	<b>43a</b>	294,633	254,766	10,123	
<b>b</b>	contract expense	<b>43b</b>	56,761	46,996	9,765	
<b>c</b>	MIScellaneous	<b>43c</b>	209,083	132,067	3,926	
<b>d</b>	training	<b>43d</b>	25,141	20,355	4,786	
<b>e</b>	insurance	<b>43e</b>	77,024	33,243	43,781	
<b>f</b>	professional fees	<b>43f</b>	1,543,431	1,270,560	68,307	
<b>g</b>	facility expense	<b>43g</b>	581,752	581,514	238	
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	13,751,408	11,142,071	2,311,505	297,832

**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? <b>▶</b>	<b>Program Service Expenses</b> (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><b>a</b> 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 \$ 180,000) If this amount includes foreign grants, check here <input type="checkbox"/></p>	416,670
<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>	925,481
<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>	2,551,162
<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 \$ 413,139) If this amount includes foreign grants, check here <input type="checkbox"/></p>	7,248,758
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . <b>▶</b></p>	11,142,071

**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	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	3,087,614	<b>46</b>	1,120,493
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 3,021,023		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	2,291,550	<b>47c</b> 3,021,023
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	78,564	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	60,087	<b>53</b>	115,431
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	14,902,462	<b>54a</b>	15,254,763
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,267,693	<b>54b</b> 	1,479,798
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b> 	91,400	
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 26,279,065			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 2,596,390	21,207,471	<b>57c</b> 	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	4,730,742	<b>58</b> 	3,253,692	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	49,626,183	<b>59</b>	48,019,275	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	1,663,910	<b>60</b>	1,538,200
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	70,179	<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	18,400,000	<b>64a</b> 	18,200,000
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	42,645	<b>65</b> 	711,040
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	20,176,734	<b>66</b>	20,449,240	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	26,266,637	<b>67</b>	25,332,919
	<b>68</b> Temporarily restricted . . . . .	3,182,812	<b>68</b>	2,237,116
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	29,449,449	<b>73</b>	27,570,035
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	49,626,183	<b>74</b>	48,019,275





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 MA
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 82

91a The books are in care of andrew cox-stavros cfo Telephone no (617) 523-6565
lincoln plaza 89 south street No 700
Located at boston, MA ZIP + 4 02111

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 (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**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	
<b>93</b> Program service revenue					
<b>a</b> consulting					642,509
<b>b</b> publication revenue					19,903
<b>c</b> conference revenue					213,927
<b>d</b> contract revenue					1,615,464
<b>e</b> rental income					1,187,070
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments			03	33,739	
<b>95</b> Interest on savings and temporary cash investments			14	286,198	
<b>96</b> Dividends and interest from securities			14	425,729	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property	531120	40,184			
<b>b</b> non debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	1,024,022	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> royalty income			15	4,136,287	
<b>b</b> other income					204,513
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		40,184		5,905,975	3,883,386
<b>105</b> Total (add line 104, columns (B), (D), and (E))					9,829,545

**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	0	0
	%			
	%			
	%			

**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)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> 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?			

<b>Please Sign Here</b>	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	2009-04-11 Date
	andrew cox-stavros cfo Type or print name and title	

<b>Paid Preparer's Use Only</b>	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 CBIZ Tofias 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.)**

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

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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
gregory a johnson C/O TSNE lincoln plaza 89 SOUTH ST BOSTON, MA 02111	director 37 50	151,000	17,284	0
andrew cox-stavros C/O TSNE lincoln plaza 89 SOUTH ST BOSTON, MA 02111	chief financial off 37 50	107,502	23,368	0
lynda freundlich C/O TSNE LINCOLN PLAZA 89 SOUTH ST BOSTON, MA 02111	DIRECTOR 37 50	104,936	24,075	0
VAN LINH TRUONG LE C/O TSNE LINCOLN PLAZA 89 SOUTH ST BOSTON, MA 02111	director 37 50	128,360	24,811	0
DEBORAH S LINNELL C/O TSNE LINCOLN PLAZA 89 SOUTH ST BOSTON, MA 02111	PROGRAM DIRECTOR 37 50	112,218	19,330	0
Total number of other employees paid over \$50,000	35			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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
CLEAN ENERGY SOLUTIONS 112 PEARL ST 1 CAMBRIDGE, MA 02139	PLANNINGASSESSMENT	214,093
development resources inc 1601 n kent street suite 1200 arlington, VA 22209	strategic development planning	150,952
THE STAUBACH COMPANY - NE 60 state street 10th floor boston, MA 02108	INSURANCE BROKERAGE	113,888
ELTON HAMPTON ARCHITECTS 28 penniman road boston, MA 02134	ARCHITECT	88,222
PINCK CO INC 98 magazine street 3rd floor boston, MA 02119	PROJECT MANAGEMENT	67,927
Total number of others receiving over \$50,000 for professional services	2	

**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 individual 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	1,070,295
CITY LIFEVIDA URBANA 284 amory street jamaica plain, MA 02130	EXECUTIVE TRANSITIONS	79,357
GAMMY BIRD CONSULTING 58 east end road bolton, MA 01740	EXECUTIVE TRANSITIONS	66,782
decision insight inc 107 saddle hill road hopkinton, MA 01748	EXECUTIVE TRANSITIONS	59,945
jones lang lasalle incorporate 1 post office square boston, MA 02109	real estate management	52,673
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><b>1</b> 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>	<b>1</b>		No
<p><b>2</b> 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><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> 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>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> 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>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> 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><b>g</b> 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	
<b>Total</b>					

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	7,137,445	1,585,416	7,748,791	7,896,581	24,368,233
<b>16</b> Membership fees received	16,252	1,355	3,436	10,460	31,503
<b>17</b> 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	2,728,491	557,362	2,320,241	1,509,646	7,115,740
<b>18</b> 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	5,035,372	307,989	5,078,400	5,064,062	15,485,823
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	41,188	106,623	43,582	35,309	226,702
<b>23</b> Total of lines 15 through 22	14,958,748	2,558,745	15,194,450	14,516,058	47,228,001
<b>24</b> Line 23 minus line 17	12,230,257	2,001,383	12,874,209	13,006,412	40,112,261
<b>25</b> Enter 1% of line 23	149,587	25,587	151,945	145,161	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 802,245
<b>b</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					<b>26b</b> 11,281,725
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 40,112,261
<b>d</b> Add Amounts from column (e) for lines	18 15,485,823	19 0			
	22	26b 11,281,725			<b>26d</b> 26,994,250
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 13,118,011
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 3270 32 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</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 <b>larger</b> 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>28 Unusual Grants:</b> 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					<b>27h</b> _____

**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
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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

<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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	<b>41</b>	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 )**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 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:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
anna madISON PHD 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
david orlinoff principal 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	200,577	46,479	0
JENNY AMORY 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
joel barrera c/o tsne lincoln plaza 89 south street boston,MA 02111	DIRECTOR 0 25	0	0	0
CHARLAYNE MURRELL-SMITH c/o tsne lincoln plaza 89 south street boston,MA 02111	DIRECTOR 0 25	0	0	0
marilyn anderson chase C/o tsne lincoln plaza 89 south street Boston,MA 02111	DIRECTOR 0 25	0	0	0
JOHANNA CHAO kreilick 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:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
stuart comstock-gay 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
j louis newell c/o tsne lincoln plaza 89 south street boston, MA 02111	dIRECTOR 0 25	0	0	0

## TY 2007 Cash Grants Paid Schedule

**Name:** third sector new england inc

**EIN:** 04-2261109

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
social service	CHILDREN'S WORLD EDUCATIONAL		250	
social service	yWCA OF CENTRAL MASS		25,000	
Social service	THE COMMUNITY COALITION		25,000	
Social service	HAMPDEN COUNTY CAREER CTR		25,000	
Social service	COMMUNITY EDUCATION PROJECT		25,000	
Social service	WOOD PAWCATUCK WATERSHED		25,000	
Social service	ENLACE DE FAMLIES		25,000	
Social service	ALTERNATIVES FOR COMMUNITY		5,000	

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
Social service	EXECUTIVE SERVICE CORP		5,000	
Social service	FAIR HOUSING CENTER OF BOSTON		5,000	
Social service	HAYMARKET PEOPLES FUND		5,000	
Social service	NARAL PRO CHOICE MA FOUNDATION		5,000	
Social service	ALLSTON BRIGHTON CDC		5,000	
Social service	ACORN		41,500	
Social service	DUDLEY STREET NEIGHBORHOOD		41,500	
Social service	CITY LIFEVIDA URBANA		51,500	

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
Social service	FREEDOM HOUSE		23,340	
Social service	SOCIEDAD LATINA		41,500	
Social service	EAST BOSTON ECUMENICAL		41,500	
Social service	STATEWIDE EDUCATION COALITION		21,000	
Social service	CENTRO PRESENTE		5,000	
Social service	CHINESE PROGRESSIVE ASSOCIATION		10,000	
Social service	BRAZILIAN IMMIGRANT CENTER		10,000	
Social service	MASSCOSH		10,000	

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
Social service	IWCC		5,500	
Social service	OPERATION SAFETY NET		67,000	
Social service	LA MAESTRA FAMILY CLINIC		18,000	
PERSONAL AWARD	JOHN GUSHA		15,000	
social service	giants community fund		5,000	
social service	the steve nash foundation		5,000	
PERSONAL AWARD	KARLY SPELL		799	
SOcial service	MASS NONPROFIT NETWORK		250	

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
SOcial service	MULTIPLE MYELOMA RESEARCH		500	
SOcial service	THE JEWISH ORGANIZING INITIATIVE		250	
Social service	URBAN ART INSTITUTE OF MASS		250	

## TY 2007 Depreciation and Depletion Schedule

**Name:** third sector new england inc

**EIN:** 04-2261109

Asset	Amount
building improvements	420,869
equipment	70,974
software	39,577
BUILDINGS	239,168

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** third sector new england inc**EIN:** 04-2261109**Gross Sales Price:** 3,576,594**Basis:** 2,552,572**Sales Expenses:** 0**Total (net):** 1,024,022

## TY 2007 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

Identifier	Return Reference	Explanation
		<p>Third Sector New England, Inc EIN 04-2261109FYE 6/30/08 Schedule A, Part IV-A Public Support Test</p> <p>Third Sector New England, Inc ("Third Sector") is a "publicly supported" organization Third Sector normally receives a substantial part of its support from governmental units, from direct or indirect contributions from the general public, or from a combination of these sources In this regard, Third Sector meets the ten percent-of-support test and the facts and circumstances test Third Sector is organized and operated so as to attract new and additional public or governmental support on a continuous basis Third Sector maintains a continuous and bona fide program for solicitation of funds from the general public, community or membership and carries on activities designed to attract support from governmental units or other organizations described in Section 170(b)(1)(a)(i) through (vi) Relevant facts and circumstances include, but are not limited to, the following Third Sector's percentage of support significantly exceeds the ten percent requirement Third Sector receives contributions from a representative number of donors, rather than receiving almost all of its support from members of a single family Additionally, Third Sector has a governing body which represents the broad interests of the public (not the personal or private interests of a limited number of donors)</p>

**TY 2007 Investments - Other Schedule**

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Book Value	Cost/FMV
commodities	91,400	F

**TY 2007 Investments - Securities Schedule**

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Book Value	Cost/FMV
money market	1,479,798	F

**TY 2007 Land etc. Schedule**

**Name:** third sector new england inc

**EIN:** 04-2261109

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
building improvements	10,141,550	902,655	9,238,895
equipment	631,289	451,925	179,364
software	372,449	215,971	156,478
BUILDINGS	9,559,539	1,025,839	8,533,700
LAND	5,574,237		5,574,237

## TY 2007 Other Assets Schedule

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Beginning of Year Amount	End of Year Amount
ROYALTY FEES RECEIVABLE	2,440,730	2,772,522
ASSETS UNDER SWAP AGREEMENT	466,963	0
CASH SURRENDER VALUE OF LIFE INSURANCE	42,645	36,827
Construction in progress	1,310,357	0
deferred bond issuance costs	470,047	444,343

**TY 2007 Other Changes in Net Assets Schedule****Name:** third sector new england inc**EIN:** 04-2261109

Description	Amount
unrealized loss on securities stated at fair market value	-1,519,869
loss on sw ap	-1,141,176

**TY 2007 Other Expenses Included Schedule**

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Amount
Rental expense	492,391

## TY 2007 Other Liabilities Schedule

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Beginning of Year Amount	End of Year Amount
deferred compensation liability	42,645	36,827
liability under swap agreement	0	674,213

**TY 2007 Other Revenues Included Schedule**

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Amount
Rental expense	492,391

**TY 2007 Other Revenues  
Not Included Schedule**

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	Amount
loss on swap	1,141,176

## TY 2007 Tax-Exempt Bond Liabilities Schedule

**Name:** third sector new england inc

**EIN:** 04-2261109

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	to develop the nonprofit center
<b>Amount Outstanding</b>	18200000
<b>Unexpended Bond Proceeds</b>	58
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2034-11
<b>Repayment Terms</b>	annual variable
<b>Interest Rate</b>	291.00 %
<b>Security</b>	real property and other assets

## TY 2007 Other Income Schedule

**Name:** third sector new england inc

**EIN:** 04-2261109

Description	2006	2005	2004	2003	Total
miscellaneous income	41,188	106,623	43,582	35,309	226,702

**TY 2007 Self Dealing Statement**

**Name:** third sector new england inc

**EIN:** 04-2261109

Line Number	Explanation
2d	see part v-a