

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)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 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: THE HOME FOR LITTLE WANDERERS. Number and street (or P O box if mail is not delivered to street address) Room/suite: 271 HUNTINGTON AVENUE. City or town, state or country, and ZIP + 4: BOSTON, MA 02115

D Employer identification number

04-2104764

E Telephone number

(617) 267-3700

F Accounting method: Cash, Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? 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)

G Web site: wwwthehomeorg

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: 63,332,901

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 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
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	479,251	479,251	
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	22,147,138	19,364,788	2,253,705
27 Pension plan contributions not included on lines 25a, b and c	27	265,024	228,476	23,894
28 Employee benefits not included on lines 25a - 27	28	2,720,746	2,244,181	356,463
29 Payroll taxes	29	1,693,854	1,417,883	197,954
30 Professional fundraising fees	30			
31 Accounting fees	31	137,729		137,729
32 Legal fees	32	299,091	12	299,079
33 Supplies	33	1,010,566	928,694	73,204
34 Telephone	34	321,790	212,606	103,350
35 Postage and shipping	35	97,123	23,872	23,595
36 Occupancy	36	2,571,320	1,421,156	1,011,599
37 Equipment rental and maintenance	37	1,005,656	840,935	112,378
38 Printing and publications	38	210,617	2,904	62,200
39 Travel	39	355,436	337,562	12,699
40 Conferences, conventions, and meetings	40	46,210	38,639	6,585
41 Interest	41	697,359	333,743	363,616
42 Depreciation, depletion, etc. (attach schedule)	42	1,184,110	902,788	236,428
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	43,006,751	33,087,535	7,599,043

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.

<p>What is the organization's primary exempt purpose? ▶ The mission of The Home for Little Wanderers is to ensure the healthy, emotional, mental, and social development of children at risk, their families, and communities. We do this through an integrated system of prevention, advocacy, research, and direct care services.</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 align="center">Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a FOUR LARGEST PROGRAMS THE KNIGHT CHILDREN'S CENTER (KCC), located in Jamaica Plain, serves children ages 5 - 13. KCC is a co-ed residential treatment center for emotionally and behaviorally disturbed latency aged children. The goal of the program is to reunite families or to place children into the most appropriate environment as quickly as possible. The KCC School is a 766-approved special education program, serving KCC residents and up to 21 students referred from public school systems. Services are provided both in the residential facility and school as well as in the homes of the participating children and families. The program also provides aftercare to children and their families after they have returned home. BAIRD CENTER, located in Plymouth, serves boys ages 13 - 18. Located on a 50-acre site, the Baird Center serves as a residential home and school for emotionally and behaviorally disturbed adolescent boys. The Baird Center is a 766-approved school, serving the residential students, as well as up to 35 youth from the surrounding communities. The focus at the Baird Center is primarily on middle school age boys, and emphasizes family involvement to facilitate the youths' successful return to their home communities. The Baird Center also operates a community-based group home in the Plymouth area for boys ages 13- 17, and community-based therapeutic foster care for youth. LONGVIEW FARM, located in Walpole, serves boys ages 10 5 - 16. Longview Farm is located on a 160-acre rural site in Walpole. Longview Farm is a residential treatment and day school facility that provides services to adolescent males who are challenged with emotional disturbances, behavioral disorders, and/or learning disabilities. Each treatment plan is individualized according to the varying needs of the child and family. An extensive outdoor education/adventure program is provided during the summer as part of the school curriculum. The Clifford School is a 766-approved special education program which provides small class sizes, remedial work, and an emphasis on individual strengths in order to assist each student in developing self-confidence, educational success, improved adult and peer relationships, and personal growth. THE CHILDREN'S COMMUNITY SUPPORT COLLABORATIVE (THE COLLABORATIVE), located in Brighton, serves 70+ families with DMH-eligible children ages 5 -19. The Collaborative provides a home-based and residential continuum of care for severely psychiatrically disturbed children, adolescents, and their families. The wraparound approach augments existing community supports to maximize family strengths and self-sufficiency to promote lasting change.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p align="right">33,087,535</p>
<p>b OTHER PROGRAMS INTENSIVE FOSTER CARE PROGRAM provides temporary care for children, including sibling groups, who are unable to live with their parents due to histories of abuse and/or neglect. This includes children who have developmental, emotional and physical challenges. The children referred to this program are usually over age 10. Therapeutic Foster Homes need to have room for one or two children and need one caregiver available fulltime. These children are well matched with the families, have ties to the city of Boston, and have the goal of adoption. Even if a placement does not succeed, the child does not need to be completely uprooted. There are existing homes and placements within the same community, where the same community supports continue to be available to the child. The same elders, schoolmates, and friends still live in the child's community. EVERETT HOUSE, located in Dorchester, Everett House is an innovative residential treatment program, funded by the Department of Mental Health, for severely emotionally disturbed children between the ages of 6 and 12. Everett House provides a clinically intensive treatment and rehabilitation program that develops skills enabling children to return to their family, home, school, and community. Everett House provides a staff-secure and highly structured setting for treating children who are medically stable, but have serious and long-standing mental illnesses, behavior problems, or have not formed stable trusting relationships with caregivers. Typically, children who enter the program have histories of extreme abuse or neglect, affective or psychotic disorders, long-term posttraumatic stress disorder, or other severe behavioral disorders. CHILD AND FAMILY COUNSELING CENTER (CFCC) The Child and Family Counseling Center (CFCC) is a licensed outpatient mental health clinic. CFCC has a primary site in Roslindale. CFCC offer an array of assessment, treatment, consultation, and prevention services to children, adolescents, and their families. The treatment and prevention services are designed to promote healthy development and improve mental health functioning of children, adolescents, young adults and families, increase parental competency, and increase individual and family connection to the local community. We treat children and families experiencing a variety of stresses including relationship problems, school problems, single parent family issues, depression, anxiety, behavior disorders, attention problems, substance abuse issues, family violence, and emotional traumas. Staff provide individual, group, and family treatment, substance abuse counseling, psychological testing and neuropsychological testing, medication evaluation, prescription, and follow-up, specific treatment for trauma survivors, specialty counseling services for gay, lesbian, bisexual and transgender clients and families, and community and school consultation on mental health, substance abuse and prevention issues. CFCC services are provided at our two clinic sites, in over 20 area schools, in clients' homes, and in other community settings. SAFE AT HOME is dedicated to helping families further assist children and adolescents who are in psychological, behavioral or emotional distress. Safe at Home is comprised of a team of therapists who work intensively with a child, and his or her family, in the home for a period of 3 weeks to 3 months. We offer a diverse staff fluent in English, Haitian Creole, Portuguese, and Armenian. This is a voluntary program that needs the family to join in the process in order to be successful. A child, and their family, may be referred to the Safe-at-Home team during a time of crisis as an alternative to placing the child in a hospital, foster care or residential program. A crisis worker, from a psychiatric emergency service, or through the Department of Social Services, may suggest Safe-at-Home when they feel that the child or teenager can safely live at home but needs to be seen by a therapist more frequently than once a week. Work with children and families includes helping families devise safety plans, helping create effective behavioral plans, fostering better communications and aiding in the development of clear and safe limit setting through building on families' strengths. The Safe-at-Home team is made up of master's level mental health professionals and bachelor's level community clinicians.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(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) <input type="checkbox"/></p>	<p align="right">33,087,535</p>

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		493,105	45	567,053	
	46 Savings and temporary cash investments		21,872	46	41,992	
	47a Accounts receivable	47a	3,796,901			
	b Less allowance for doubtful accounts	47b	400,000	3,824,501	47c	3,396,901
	48a Pledges receivable	48a	382,810			
	b Less allowance for doubtful accounts	48b	23,000	233,851	48c	359,810
	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				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			337,567	53	164,570
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			67,922,064	54a	80,477,202
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			2,793,942	54b	758,895
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	30,049,966				
b Less accumulated depreciation (attach schedule)	57b	16,383,854	13,357,223	57c	13,666,112	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			13,566,145	58	14,498,057	
59 Total assets (must equal line 74) Add lines 45 through 58			102,550,270	59	113,930,592	
Liabilities	60 Accounts payable and accrued expenses		4,339,285	60	4,136,811	
	61 Grants payable			61		
	62 Deferred revenue			62	145,454	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			9,482,000	64a	9,212,000
	b Mortgages and other notes payable (attach schedule)			668,111	64b	1,277,335
	65 Other liabilities (describe <input type="checkbox"/> _____)			1,051,338	65	900,986
66 Total liabilities Add lines 60 through 65			15,540,734	66	15,672,586	
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		30,819,199	67	37,544,128	
	68 Temporarily restricted		34,599,232	68	37,740,622	
	69 Permanently restricted		21,591,105	69	22,973,256	
	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)			87,009,536	73	98,258,006	
74 Total liabilities and net assets / fund balances Add lines 66 and 73			102,550,270	74	113,930,592	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	54,388,267
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	10,234,729
2	Donated services and use of facilities	b2	108,942
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	10,343,671
c	Subtract line b from line a	c	44,044,596
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	-14,448
	Add lines d1 and d2	d	10,343,671
e	Total revenue (Part I, line 12) Add lines c and d	e	44,030,148

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	43,139,797
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	108,942
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	24,104
	Add lines b1 through b4	b	133,046
c	Subtract line b from line a	c	43,006,751
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	43,006,751

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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
See Additional Data Table				

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	22		
b 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? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		No
c 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? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

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.)

(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.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
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?	80a		No
b If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued)
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 Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 108,942
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 (Do not net amounts due or paid to other sources against amounts due or received from them)
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? If "Yes," complete Part IX
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)? If yes complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0
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? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
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 See Additional Data Table
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 629
91a The books are in care of KENNETH E HAMBERG CFO Telephone no (617) 267-3700
271 HUNTINGTON AVENUE
Located at boston, MA ZIP + 4 021154506
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	
93 Program service revenue					
a PROGRAM REVENUE					33,050,187
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,273	
96 Dividends and interest from securities			14	1,650,627	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	87,534	
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	2,168,895	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS income					173,612
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,908,329	33,223,799
105 Total (add line 104, columns (B), (D), and (E))					37,132,128

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)
93A	CONTRACT REVENUE ENABLED THE HOME TO PROVIDE CHILD WELFARE SERVICES TO EMOTIONALLY TROUBLED CHILDREN AND THEIR FAMILIES
103A	MISCELLANEOUS INCOME PRODUCED IN THE NORMAL COURSE OF PROVIDING SERVICES TO CHILDREN

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
	%			
	%			
	%			
	%			

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

	(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

	(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

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	Date
	kenneth e hamberg cfo & executive vp	2007-11-15
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	RSM MCGLADREY INC 7 NEW ENGLAND EXECUTIVE PARK SUITE BURLINGTON, MA 018033485			Phone no (781) 685-3500

**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

2006

Department of the
Treasury
Internal Revenue
Service

Name of the organization
THE HOME FOR LITTLE WANDERERS

Employer identification number

04-2104764

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
PHILLIP HERNANDEZ c/o 271 HUNTINGTON AVE BOSTON, MA 02115	SR PRG DIR OF PSY SV 40 00	152,250	10,309	0
LISA ROWAN-GILLIS c/o 271 HUNTINGTON AVE BOSTON, MA 02115	VP OF DVLP & PUB REL 40 00	140,115	12,235	0
JOYCE LEE TAYLOR c/o 271 HUNTINGTON AVE BOSTON, MA 02115	VP OF OPERATIONS 40 00	134,399	5,881	0
ELIZABETH LIAO c/o 271 HUNTINGTON AVE BOSTON, MA 02115	PSYCHIATRIST 40 00	132,927	2,694	0
LEONORA R WISE c/o 271 HUNTINGTON AVE BOSTON, MA 02115	VP OF HR 40 00	126,231	8,106	0
Total number of other employees paid over \$50,000 ▶	89			

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
KDSA CONSULTING LLC 138 RIVER ROAD SUITE 302 ANDOVER, MA 01810	COMPUTERSYSTEM CONSULTANT	380,630
LW ROBBINS ASSOCIATES 201 SUMMER ST PO BOX 5838 HOLLISTON, MA 01746	PROFESSIONAL FUNDRAISER	321,089
J WALTER FREIBERG III C/O WESTON PATRICK WILLARD 84 STATE STREET BOSTON, MA 02109	LEGAL SERVICES	203,453
mcgladrey pullen llp 7 new england executive park burlington, MA 01803	accounting tax & audit services	132,975
fw webb associates c/o 271 huntington ave boston, MA 02115	executive search	76,000
Total number of others receiving over \$50,000 for professional services ▶	3	

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
acella construction co 62 Accord Park Drive Norwell, MA 02061	construction contractor	648,540
chapman construction design 84 Winchester Street Newton, MA 024611720	construction contractor	406,228
nstar electric One NSTAR Way Westwood, MA 02090	electric utility	370,433
doc general contractors c/o 271 huntington ave bOSTON, MA 02109	construction contractor	360,888
devereux foundation 60 miles road rutland, MA 01543	subcontracted direct care service	299,351
Total number of other contractors receiving over \$50,000 for other services ▶	26	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, 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 ▶ \$ <u>86,550</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	Yes	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨️ a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨️	2d	Yes	
e Transfer of any part of its income or assets?	2e	Yes	
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)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
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	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
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 ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

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)	6,183,275	6,193,627	6,940,202	5,904,278	25,221,382
16 Membership fees received					0
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	34,184,474	46,384,148	43,554,597	46,847,041	170,970,260
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	1,545,835	1,558,019	1,205,067	890,017	5,198,938
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					0
23 Total of lines 15 through 22	41,913,584	54,135,794	51,699,866	53,641,336	201,390,580
24 Line 23 minus line 17	7,729,110	7,751,646	8,145,269	6,794,295	30,420,320
25 Enter 1% of line 23	419,136	541,358	516,999	536,413	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					608,406
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					0
c Total support for section 509(a)(1) test Enter line 24, column (e)					30,420,320
d Add Amounts from column (e) for lines 18 5,198,938 19 0					
22 26 b 0					
e Public support (line 26c minus line 26d total)					25,221,382
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					8290 97 %
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 _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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					

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)		0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		86,550
38	Total lobbying expenditures (add lines 36 and 37)		86,550
39	Other exempt purpose expenditures		33,000,985
40	Total exempt purpose expenditures (add lines 38 and 39)		33,087,535
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		1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)		250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

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				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	0	3,000,000
46 Lobbying ceiling amount (150% of line 45(e))					4,500,000
47 Total lobbying expenditures	86,550	48,677	69,192	0	204,419
48 Grassroots nontaxable amount	250,000	250,000	250,000	0	750,000
49 Grassroots ceiling amount (150% of line 48(e))					1,125,000
50 Grassroots lobbying expenditures	0	0	0	0	0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID:

Software Version:

EIN: 04-2104764

Name: THE HOME FOR LITTLE WANDERERS

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<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
a subcontracted direct services	43a	954,845	954,845		
b client expenses	43b	1,738,087	1,737,932	155	
c contracted services	43c	698,290	494,752	183,655	19,883
d insurance	43d	592,162	472,342	111,376	8,444
e advertising	43e	128,796	79,581	37,031	12,184
f bad debt	43f	212,070	207,519		4,551
g capital campaign expenses	43g	496,142			496,142
h other non-operating expenses	43h	67,300		67,300	
i other professional fees	43i	1,367,931	591,267	747,349	29,315
j office expenses	43j	100,943	24,036	73,790	3,117
k write off of leasehold improvements	43k	502,564		502,564	
l fines	43l	905	636	269	
m bank charges	43m	45,887		33,369	12,518
n staff training	43n	189,198	169,168	2,877	17,153
o acquisition expenses	43o	168,020		5,267	162,753
p special events expenses	43p	317,500	174	4,398	312,928
q other expenses	43q	116,718	57,044	49,104	10,570
r fundraising fees	43r	39,747		26,810	12,937
s in kind expenses - computers	43s	26,626			26,626

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
JOAN WALLACE-BENJAMIN C/O 271 HUNTINGTON AVE BOSTON,MA 02115	PRESIDENT & CEO 40 00	261,701	30,438	0
KENNETH E HAMBERG C/O 271 HUNTINGTON AVE BOSTON,MA 02115	Executive VP & CFO 40 00	174,800	12,312	0
JOHN HAILER C/O 271 HUNTINGTON AVE BOSTON,MA 02115	CHAIRMAN 5 00	0	0	0
WALTER HUSKINS JR C/O 271 HUNTINGTON AVE BOSTON,MA 02115	IMMEDIATE PAST CHAIRMAN 5 00	0	0	0
GARY GREENBERG C/O 271 HUNTINGTON AVE BOSTON,MA 02115	VICE-CHAIR 5 00	0	0	0
RUSSELL V CORSINI C/O 271 HUNTINGTON AVE BOSTON,MA 02115	TREASURER 5 00	0	0	0
ROY BATES JR C/O 271 HUNTINGTON AVE BOSTON,MA 02115	SECRETARY 5 00	0	0	0
CLEMMIE CASH C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
Brian Davis C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
michael gaffin C/O 271 HUNTINGTON AVE BOSTON,MA 02115	dIRECTOR 5 00	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
DEBORAH ENGLAND GRAY C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
JACK HARRINGTON C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
John Hennessey C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
Pamela Herbst C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
Sabino Marinella C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
LISA MATTHEWS C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
James Schaye Jr C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
JACK SHONKOFF MD C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
THOMAS SIMONS C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
DEBORAH SMITH C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	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
LARRY WEBER C/O 271 HUNTINGTON AVE BOSTON, MA 02115	DIRECTOR 5 00	0	0	0
JOHN WHITE C/O 271 HUNTINGTON AVE BOSTON, MA 02115	DIRECTOR 5 00	0	0	0

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

List the states with which a copy of this return is filed	MA, AZ, AR, CT, DC, FL, GA, IL, ME, MD, MI, MN, NH, NJ, NY, NC, OH, PA, RI, SC, UT, VA, WA, WI, CO, KS
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Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for cost and elected cost details, including listed property, total elected cost, and tentative deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions and election to group assets.

Table with 7 columns: Classification, Month/year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system assets (12-year and 40-year).

Part IV Summary (see instructions)

Table with 3 rows for summary totals, including listed property and total depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven (business, commuting, other) and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with questions 37-41 regarding written policies and employee use of vehicles. Includes a 'Note' at the bottom: 'Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.'

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization of costs.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
Sale of investments	2006-12	PURCHASED	2006-12		21,467,398	19,284,055	0	2,183,343

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
loss on disposal of vehicles	2006-12	PURCHASED	2006-12		4,250	18,698	0	-14,448	

TY 2006 Investments - Securities Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Book Value	Cost/FMV
Marketable equity securities	65,921,223	F
Cash equivalents	758,895	F
US government and debt obligations	14,555,979	F

TY 2006 Land etc. Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,599,770		1,599,770
land improvements	614,922	35,881	579,041
buildings & Building Improvements	21,396,128	10,446,287	10,949,841
furniture and Fixtures	5,853,945	5,456,595	397,350
vehicles	585,201	445,091	140,110

TY 2006 Mortgages and Notes Payable Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Total Mortgage Amount: 0

Item No.	1
Lender's Name	CITIZENS BANK
Lender's Title	
Relationship to Insider	none
Original Amount of Loan	5500000
Balance Due	1277335
Date of Note	1999-07
Maturity Date	2005-12
Repayment Terms	on demand with interest payable monthly at 7.75%
Interest Rate	7.7500
Security Provided by Borrower	UNSECURED LINE OF CREDIT
Purpose of Loan	WORKING CAPITAL
Description of Lender Consideration	CASH
Consideration FMV	

TY 2006 Other Assets Schedule**Name:** THE HOME FOR LITTLE WANDERERS**EIN:** 04-2104764

Description	Beginning of Year Amount	End of Year Amount
INVESTMENT INCOME RECEIVABLE	93,042	26,546
bond ESCROW DEPOSITS	74,621	73,127
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	12,756,097	14,067,346
BOND ISSUANCE COSTS NET	184,923	177,536
CONSTRUCTION IN PROgrESS	457,462	153,502

TY 2006 Other Changes in Net Assets Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Amount
UNREALIZED GAIN ON INVESTMENTS STATED FAIR MARKET VALUE	8,923,480
UNREALIZED GAIN ON PERPETUAL TRUSTS STATED FAIR MARKET VALUE	1,311,249
unrealized loss on interest rate sw ap agreements	-37,685
unrEALIZED GAIN ON deferred compensation	28,029

TY 2006 Other Expenses Included Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Amount
loss on disposal of motor vehicles reported on pg 1 line 6	14,448
unrealized gain on deferred compensation reported on pg 1 line 20	-28,029
unrealized loss on interest rate swap agreement reported on pg 1 line 20	37,685

TY 2006 Other Liabilities Schedule**Name:** THE HOME FOR LITTLE WANDERERS**EIN:** 04-2104764

Description	Beginning of Year Amount	End of Year Amount
CLIENT FUNDS	54,968	68,483
ANNUITIES PAYABLE	43,026	52,487
LEASE IMPAIRMENT	953,344	780,016

**TY 2006 Other Revenues
Not Included Schedule**

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Amount
loss on disposal of motor vehicles reported on pg 1 line 6	-14,448

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Item No.	1
Name of Issue	
Purpose	To refinance certain debt obligations and to construct & renovate prog f
Amount Outstanding	4185000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	payable over a 30 year maturity schedule
Interest Rate	377.03 %
Security	

Item No.	2
Name of Issue	
Purpose	To refinance certain debt obligations and to construct & renovate prog f
Amount Outstanding	5027000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	payable over a 30 year maturity schedule
Interest Rate	377.03 %
Security	

TY 2006 Self Dealing Statement

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Line Number	Explanation
2c	<p>Some of the board members of the organization are affiliated to various banks through business relationships. Purchasing decisions are not made by these individuals. All transactions are made within the normal course of business and are conducted at arm's length. The Secretary of the Board of Directors, Roy Bates Jr. is also the Senior VP of Credit Review at Citizens Bank. The Home currently has a line of credit with Citizens and also has several cash accounts held at Citizens Bank. One of the members of the Home's Board, Deborah Smith is also the Vice President of State Street Bank. State Street Bank merged with IBT during FY07. State Street is now the custodian of The Home's endowment. The Home holds seven separate accounts with State Street Bank, six of which relate to the endowment and one holds the assets related to the Charitable Gift Annuity funds.</p>

Line Number	Explanation
2e	<p>During the year ended June 30, 2003, the Home established a grantor trust under a deferred compensation agreement with the Home's executive director. The contributions to this Trust amount to \$7,500 per year and are included in investments held in trust, with a corresponding liability included in accrued expenses. In March 2007, the Home surrendered the split-dollar life insurance policy for the net cash proceeds of \$36,706, upon departure of the Home's executive director. In May 2007, the executive director returned to the Home and the grantor trust was re-established under the same provisions of the previous agreement. Under a merger with another organization, the Home amended a key employee deferred compensation plan with a former executive director. During the year ended June 30, 2004, \$12,000 was contributed to this plan. Also during 2004, the employee terminated employment and no further benefits will accrue on the plan. As of June 30, 2007, the market value of the investments under this plan was \$51,429.</p>

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning JUL 1, 2006, and ending JUN 30, 2007

2006

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE HOME FOR LITTLE WANDERERS

Employer identification number

04-2104764

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>44030148</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U S Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

11/2/07

CFO & EXECUTIVE VP
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>RSM MCGLADREY, INC.</u>				EIN <u>41-1944416</u>
		<u>7 NEW ENGLAND EXECUTIVE PARK, SUITE 320</u>			Phone no <u>(781) 685-3500</u>
		<u>BURLINGTON, MA 01803-3485</u>			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____			EIN _____
				Phone no _____