

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

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 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: THE HOME FOR LITTLE WANDERERS. Address: 271 HUNTINGTON AVENUE, BOSTON, MA 02115

D Employer identification number: 04-2104764. E Telephone number: (617) 267-3700. 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).

G Web site: www.thehome.org

J Organization type: 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

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? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 271,844,188

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, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ 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	569,755	569,755	
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	22,377,342	19,558,515	2,187,121
27	Pension plan contributions not included on lines 25a, b and c	27	351,735	294,132	41,428
28	Employee benefits not included on lines 25a - 27	28	2,887,078	2,554,230	295,131
29	Payroll taxes	29	1,697,437	1,426,073	192,806
30	Professional fundraising fees	30	15,019		15,019
31	Accounting fees	31	144,211		144,211
32	Legal fees	32	321,864	2,266	319,598
33	Supplies	33	1,004,728	947,937	51,988
34	Telephone	34	351,714	255,785	87,874
35	Postage and shipping	35	109,805	21,452	27,745
36	Occupancy	36	2,001,400	1,340,889	541,842
37	Equipment rental and maintenance	37	892,157	688,154	163,537
38	Printing and publications	38	360,726	33,631	110,482
39	Travel	39	411,925	382,171	24,275
40	Conferences, conventions, and meetings	40	9,586	2,686	4,292
41	Interest	41	617,434	265,564	351,870
42	Depreciation, depletion, etc. (attach schedule)	42	1,147,347	897,625	208,492
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	42,623,907	33,140,717	6,714,527

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. The home does 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>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 Massachusetts approved special education program, serving up to 40 students including KCC residents and 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 once 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 Massachusetts approved school, serving up to 35 youth from the residential program students, as well as those 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- 18, and provides 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 Massachusetts 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>33,140,717</p>
<p>b</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) ▶</p>	<p>33,140,717</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		567,053	45	600,213	
	46 Savings and temporary cash investments		41,992	46	55,501	
	47a Accounts receivable	47a	4,385,440			
	b Less allowance for doubtful accounts	47b	375,000	3,396,901	47c	4,010,440
	48a Pledges receivable	48a	1,937,913			
	b Less allowance for doubtful accounts	48b	343,672	359,810	48c	1,594,241
	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			164,570	53	196,480
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			80,477,202	54a	55,008,604
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			758,895	54b	22,945,158
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	31,186,669				
b Less accumulated depreciation (attach schedule)	57b	17,145,436	13,819,614	57c	14,041,233	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			14,344,555	58	12,906,930	
59 Total assets (must equal line 74) Add lines 45 through 58			113,930,592	59	111,358,800	
Liabilities	60 Accounts payable and accrued expenses		4,136,811	60	4,477,646	
	61 Grants payable			61		
	62 Deferred revenue		145,454	62	18,269	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)		9,212,000	9,212,000	64a	8,927,000
	b Mortgages and other notes payable (attach schedule)		1,277,335	1,277,335	64b	2,747,471
	65 Other liabilities (describe <input type="checkbox"/> _____)		900,986	900,986	65	130,055
66 Total liabilities Add lines 60 through 65			15,672,586	66	16,300,441	
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		37,544,128	67	39,035,634	
	68 Temporarily restricted		37,740,622	68	34,451,601	
	69 Permanently restricted		22,973,256	69	21,571,124	
	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)			98,258,006	73	95,058,359
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			113,930,592	74	111,358,800

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

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

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

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

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 81a, 81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued). Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89f, 89g, 90a-90b, 91a, and 91b. Contains various questions about donations, lobbying, 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					32,141,746
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	3,637	
96 Dividends and interest from securities			14	2,237,092	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,533,615	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS income					58,100
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				4,774,344	32,199,846
105 Total (add line 104, columns (B), (D), and (E))					36,974,190

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
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
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
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
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
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<p>Please Sign Here</p> <p>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</p> <p>Signature of officer _____ Date <u>2008-11-13</u></p> <p><u>kenneth e hamberg cfo & executive vp</u> Type or print name and title</p>

Paid Preparer's Use Only	Preparer's signature	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 RSM MCGLADREY INC 7 NEW ENGLAND EXECUTIVE PARK SUITE BURLINGTON, MA 018033485			EIN 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

2007

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 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
susan curnan c/o 271 HUNTINGTON AVE BOSTON, MA 02115	vp of operations 40 00	170,000	3,862	0
phillip hernandez c/o 271 HUNTINGTON AVE BOSTON, MA 02115	dir of med & psy sv 37 00	161,364	17,989	0
lisa rowan-gillis c/o 271 HUNTINGTON AVE BOSTON, MA 02115	vp of dvlp & pub rel 40 00	156,931	18,349	0
leonora r wise c/o 271 HUNTINGTON AVE BOSTON, MA 02115	vp of hr 40 00	139,904	10,682	0
mary frank c/o 271 HUNTINGTON AVE BOSTON, MA 02115	vp of operations 40 00	118,404	3,208	0
Total number of other employees paid over \$50,000 ▶	91			

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
LW ROBBINS ASSOCIATES 201 SUMMER ST PO BOX 5838 HOLLISTON, MA 01746	FUNDRAISING CONSULTANT	339,776
KDSA CONSULTING LLC 1600 OSGOOD STREET NORTH ANDOVER, MA 01845	ITCOMPUTER SYSTEMS CONSULTANT	325,142
WESTON PATRICK WILLIARD REDDING 84 STATE STREET boston, MA 02109	LEGAL SERVICES	224,803
mcgladrey pullen llp 7 new england executive park burlington, MA 01803	accounting tax & audit services	159,200
DEBORA LAMONICA 76 REGATTA DRIVE CENTERVILLE, MA 02636	PSYCHIATRIC SERVICES	60,150
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether 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
SWANSON CONTRUCTION 5 MAYNARD STREET ATTLEBORO, MA 02703	construction contractor	394,920
nstar electric One NSTAR Way Westwood, MA 02090	electric utility	323,041
doc general contractors c/o 271 huntington ave BOSTON, MA 02109	construction contractor	230,041
EINHORN YAFFEE PRESCOTT 24 SCHOOL STREET BOSTON, MA 02108	PRECONSTRUCTION ARCHITECTURAL SERVICES	220,120
JONES LANG LASALLE AMERICAS 33832 TREASURY CENTER CHICAGO, IL 60694	PRECONSTRUCTION ARCHITECTURAL SERVICES	115,797
Total number of other contractors receiving over \$50,000 for other services ▶	31	

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>89,144</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	Yes	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨</p>			
<p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b	Yes	
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e	Yes	
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

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

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

- 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
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	6,898,020	6,183,275	6,193,627	6,940,202	26,215,124
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	33,651,399	34,184,474	46,384,148	43,554,597	157,774,618
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	1,739,434	1,545,835	1,558,019	1,205,067	6,048,355
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	42,288,853	41,913,584	54,135,794	51,699,866	190,038,097
24 Line 23 minus line 17	8,637,454	7,729,110	7,751,646	8,145,269	32,263,479
25 Enter 1% of line 23	422,889	419,136	541,358	516,999	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 645,270
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 32,263,479
d Add Amounts from column (e) for lines	18 6,048,355	19 0			
	22	26b 0			26d 6,048,355
e Public support (line 26c minus line 26d total)					26e 26,215,124
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.25 32 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h _____

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

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

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

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 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

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) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available 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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

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	744,606	744,606		
b client expenses	43b	1,761,283	1,761,283		
c contracted services	43c	716,832	495,535	202,631	18,666
d insurance	43d	567,929	442,465	112,941	12,523
e advertising	43e	175,438	142,898	32,540	
f bad debt	43f	257,193	107,111		150,082
g capital campaign expenses	43g	654,587			654,587
h other non-operating expenses	43h	381,277		202,605	178,672
i other professional fees	43i	1,304,453	522,161	702,492	79,800
j office expenses	43j	61,621	19,630	41,991	
k fines	43k	7,919	1,236	6,665	18
l bank charges	43l	57,232	99	40,209	16,924
m staff training	43m	136,358	123,751	5,365	7,242
n special events expenses	43n	319,419		1,352	318,067
o other expenses	43o	119,512	68,556	29,176	21,780
p HOSPITALITY	43p	46,908	17,675	14,113	15,120
q TRASH REMOVAL	43q	22,601	22,601		
r DONATED GOODS	43r	17,476			17,476

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	314,423	45,435	1,680
KENNETH E HAMBERG C/O 271 HUNTINGTON AVE BOSTON,MA 02115	Executive VP & CFO 40 00	189,635	18,582	0
JOHN HAILER C/O 271 HUNTINGTON AVE BOSTON,MA 02115	CHAIRMAN 5 00	0	0	0
GARY GREENBERG C/O 271 HUNTINGTON AVE BOSTON,MA 02115	dIRECTOR 5 00	0	0	0
RUSSELL 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
DEBORAH ENGLAND GRAY 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
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
LARRY WEBER C/O 271 HUNTINGTON AVE BOSTON,MA 02115	DIRECTOR 5 00	0	0	0
RICK NOONE 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
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------

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

TY 2007 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	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
loss on disposal of fixed asset	1999-09	PURCHASED	2007-11	unrelated	200	268,812		0	-268,612	

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** THE HOME FOR LITTLE WANDERERS**EIN:** 04-2104764**Gross Sales Price:** 227,488,713**Basis:** 224,686,486**Sales Expenses:** 0**Total (net):** 2,802,227

TY 2007 Investments - Securities Schedule**Name:** THE HOME FOR LITTLE WANDERERS**EIN:** 04-2104764

Description	Book Value	Cost/FMV
Cash equivalents	7,097,919	F
ALTERNATIVE INVESTMENTS	15,847,239	F

TY 2007 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	642,253	86,273	555,980
buildings & Building Improvements	21,501,608	11,005,358	10,496,250
furniture and Fixtures	5,963,477	5,573,381	390,096
vehicles	564,505	480,424	84,081
construction in progress	915,056		915,056

TY 2007 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	2747471
Date of Note	1999-07
Maturity Date	2006-12
Repayment Terms	on demand with interest payable monthly at 4.5%
Interest Rate	4.5000
Security Provided by Borrower	UNSECURED LINE OF CREDIT
Purpose of Loan	WORKING CAPITAL
Description of Lender Consideration	CASH
Consideration FMV	

TY 2007 Other Assets Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Beginning of Year Amount	End of Year Amount
INVESTMENT INCOME RECEIVABLE	26,546	86,495
bond ESCROW DEPOSITS	73,127	71,348
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	14,067,346	12,578,938
BOND ISSUANCE COSTS NET	177,536	170,149

TY 2007 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	-6,590,280
UNREALIZED GAIN ON PERPETUAL TRUSTS STATED FAIR MARKET VALUE	-1,488,408
unrealized loss on interest rate sw ap agreements	-122,626
WRITE OFF OF LEASE IMPAIRMENT	736,684

TY 2007 Other Expenses Included Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Amount
loss on disposal of motor vehicles reported on part I line 6	268,612
realized gain of investments netted against unrealized losses	-2,802,227
unrealized loss on interest rate swap agreement reported on part I line 20	122,626

TY 2007 Other Liabilities Schedule**Name:** THE HOME FOR LITTLE WANDERERS**EIN:** 04-2104764

Description	Beginning of Year Amount	End of Year Amount
CLIENT FUNDS	68,483	78,598
ANNUITIES PAYABLE	52,487	51,457
LEASE IMPAIRMENT	780,016	0

TY 2007 Other Revenues Included Schedule**Name:** THE HOME FOR LITTLE WANDERERS**EIN:** 04-2104764

Description	Amount
write off of lease impairment reported on part i line 20	736,684

**TY 2007 Other Revenues
Not Included Schedule**

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Description	Amount
loss on disposal of motor vehicles reported on part I line 6	-268,612
realized gain on investments netted with unrealized losses on f/s	2,802,227

TY 2007 Relationship Schedule

Name: THE HOME FOR LITTLE WANDERERS

EIN: 04-2104764

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
kenneth hamberG	EXECUTIVE VP & CFO	sabino marinella	director	family relationship

TY 2007 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. The Home has transferred all of its endowment assets from State Street Bank to SEI in November 2007, and subsequently closed all accounts at State Street.</p>
2e	<p>The Home has a deferred compensation plan for a former key employee. No contributions were made by the Home to the plan as of June 30, 2008. As of June 30, 2008, the market value of the investments under this plan was \$42,940. During the year ended June 30, 2007, the Home established a section 457(b) plan eligible deferred compensation plan with the Home's executive director. This plan calls for the Home to make calendar year contributions of \$22,500. As of June 30, 2008, \$25,313 has been contributed by the Home to this plan. As of June 30, 2008, the market value of the investments under this plan was \$19,264.</p>

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2007, or tax year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury
Internal Revenue Service

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

▶ See instructions.

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 (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>46888890</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

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 2007 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 immediate 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 acknowledgment 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]
Signature of officer

11/13/08
Date

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 Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. 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	<i>[Signature]</i>	Date	<u>11/13/08</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00757336</u>
	Firm's name (or yours if self-employed), address, and ZIP code	RSM MCGLADREY, INC. 7 NEW ENGLAND EXECUTIVE PARK, SUITE 320 BURLINGTON, MA 01803-3485			EIN	<u>41-1944416</u>		Phone no.	<u>(781) 685-3500</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.				

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

Form 8453-EO (2007)

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