

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2007

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

Header section containing organization name (The Center for Teen Empowerment, Inc), address (48 Rutland Street, Boston, MA 02118), and identification numbers.

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

Website: www.teenempowerment.org

Organization type: 501(c)(3)

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

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,486,961

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

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, dividends, gross rents, sales of assets, special events, and total revenue/expenses.

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <u>See Statement 4</u>	<b>25a</b> 114,426	91,541	5,721	17,164
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 1,122,742	903,568	139,361	79,813
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 116,327	75,771	34,323	6,233
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 23,235	12,186	8,354	2,695
<b>34</b> Telephone	<b>34</b> 17,000	13,159	1,980	1,861
<b>35</b> Postage and shipping	<b>35</b> 8,693	4,613	3,144	936
<b>36</b> Occupancy	<b>36</b> 156,596	96,596	50,000	10,000
<b>37</b> Equipment rental and maintenance	<b>37</b> 12,909	10,256	2,404	249
<b>38</b> Printing and publications	<b>38</b> 12,323	10,117	1,828	378
<b>39</b> Travel	<b>39</b> 5,829	3,791	1,368	670
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 25,380	11,728	13,652	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <u>See Statement 5</u>	<b>43a</b> 416,316	312,027	58,741	45,548
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 2,031,776	1,545,353	320,876	165,547

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ Development and Implementation of community based programs.....

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** The development & implementation for community based programs which develop the peer leadership skills of teenagers.....

(Grants and allocations \$ ) If this amount includes foreign grants, check here▶

**1,545,353**

**b** .....

(Grants and allocations \$ ) If this amount includes foreign grants, check here▶

**c** .....

(Grants and allocations \$ ) If this amount includes foreign grants, check here▶

**d** .....

(Grants and allocations \$ ) If this amount includes foreign grants, check here▶

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here▶

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

**1,545,353**

**Part IV Balance Sheets** (See the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>45</b>	Cash—non-interest-bearing .....	339,982	<b>45</b>	116,853
<b>46</b>	Savings and temporary cash investments .....	142,354	<b>46</b>	240,962
<b>47a</b>	Accounts receivable .....	35,560		
<b>b</b>	Less: allowance for doubtful accounts .....		<b>47c</b>	35,560
		8,435		
<b>48a</b>	Pledges receivable .....	146,211		
<b>b</b>	Less: allowance for doubtful accounts .....		<b>48c</b>	146,211
		592,614		
<b>49</b>	Grants receivable .....		<b>49</b>	
<b>50a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>	
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) .....		<b>50b</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule) .....			
<b>b</b>	Less: allowance for doubtful accounts .....		<b>51c</b>	
		698		9,614
<b>52</b>	Inventories for sale or use .....		<b>52</b>	9,614
<b>53</b>	Prepaid expenses and deferred charges .....	23,921	<b>53</b>	7,454
<b>54a</b>	Investments—publicly-traded securities <i>See Statement 6</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	4,055	<b>54a</b>	3,587
<b>b</b>	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV .....		<b>54b</b>	
<b>55a</b>	Investments—land, buildings, and equipment: basis .....			
<b>b</b>	Less: accumulated depreciation (attach schedule) .....		<b>55c</b>	
			<b>56</b>	
<b>56</b>	Investments—other (attach schedule) .....			
<b>57a</b>	Land, buildings, and equipment: basis .....	195,968		
<b>b</b>	Less: accumulated depreciation (attach schedule) <i>See Statement 7</i> .....	174,066		
		16,791	<b>57c</b>	21,902
<b>58</b>	Other assets, including program-related investments (describe <i>See Statement 8</i> ) .....	1,900	<b>58</b>	7,100
<b>59</b>	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	1,130,750	<b>59</b>	589,243
<b>60</b>	Accounts payable and accrued expenses .....	61,312	<b>60</b>	87,537
<b>61</b>	Grants payable .....		<b>61</b>	
<b>62</b>	Deferred revenue .....		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
<b>65</b>	Other liabilities (describe) .....		<b>65</b>	
<b>66</b>	<b>Total liabilities.</b> Add lines 60 through 65 .....	61,312	<b>66</b>	87,537
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
<b>67</b>	Unrestricted .....	-111,948	<b>67</b>	154,706
<b>68</b>	Temporarily restricted .....	1,181,386	<b>68</b>	347,000
<b>69</b>	Permanently restricted .....		<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
<b>70</b>	Capital stock, trust principal, or current funds .....		<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
<b>73</b>	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	1,069,438	<b>73</b>	501,706
<b>74</b>	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	1,130,750	<b>74</b>	589,243





<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float: right;">See Stmt 10   <b>82b</b>   149,954</span>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>h</b>	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?		N/A
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>b</b>	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		X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	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		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	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?		X
<b>90a</b>	List the states with which a copy of this return is filed ▶ MA, NY		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	20
<b>91a</b>	The books are in care of ▶ Stanley Pollack Telephone no. ▶ 617-536-4266 48 Rutland Street Located at ▶ Boston, MA ZIP + 4 ▶ 02118		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ .....

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** .....

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <u>Program Service Revenue</u>					83,538
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments .....					
<b>96</b> Dividends and interest from securities .....			14	1,033	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory ..			1	-16	
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0		1,017	83,538
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					84,555

**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	Revenue generated from consulting in the areas of teen development programs.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

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

Yes	No
	X

**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.

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

Yes	No
	X

**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.

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

Yes	No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**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: Stanley Pollack Date: Executive Director

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 10/28/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Mocera, Visconti & Company CPAs LLP EIN: 43-1968600

400 W Cummings Park Ste 6850 Phone no.: 781-933-0360

Woburn, MA 01801-6511



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

**Yes** **No**

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<b>1</b>		X
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.				
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing of property? ..... See Statement 11	<b>2a</b>	X	
<b>b</b>	Lending of money or other extension of credit? .....	<b>2b</b>		X
<b>c</b>	Furnishing of goods, services, or facilities? ..... See Statement 12	<b>2c</b>	X	
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990.	<b>2d</b>	X	
<b>e</b>	Transfer of any part of its income or assets? .....	<b>2e</b>		X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>		X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? .....	<b>3b</b>		X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>3d</b>		X
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		X
<b>b</b>	Did the organization make any taxable distributions under section 4966? .....	<b>4b</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>4c</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____			0
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____			0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 of the instructions.)

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,025,958	2,147,074	1,696,112	1,383,576	7,252,720
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	58,467	114,430	177,897	35,128	385,922
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	766	1,299	864	1,269	4,198
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	2,085,191	2,262,803	1,874,873	1,419,973	7,642,840
<b>24</b> Line 23 minus line 17	2,026,724	2,148,373	1,696,976	1,384,845	7,256,918
<b>25</b> Enter 1% of line 23	20,852	22,628	18,749	14,200	

<b>26 Organizations described on lines 10 or 11: a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	145,138
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts	<b>26b</b>	1,179,864
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	7,256,918
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>4,198</u> 19 _____ 22 _____ 26b <u>1,179,864</u>	<b>26d</b>	1,184,062
<b>e</b> Public support (line 26c minus line 26d total)	<b>26e</b>	6,072,856
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	83.6837%

**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) \_\_\_\_\_ N/A

**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) \_\_\_\_\_ N/A

<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	%
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	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 a racially nondiscriminatory basis? .....			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....			
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
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 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000 . . . . .	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000 . . . . .	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .			

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



Name of organization

Employer identification number

The Center for Teen Empowerment, Inc

04-3091002

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

## Name of organization

The Center for Teen Empowerment, Inc

## Employer identification number

04-3091002

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Commonwealth of Massachusetts Department of Workforce Development One Ashburton Place Room 2112  Boston MA 02108	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	The Boston Foundation 75 Arlington Street  Boston MA 02116	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Andrus Family Fund 330 Madison Avenue  New York NY 10017	\$ 87,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Commonwealth of Massachusetts Executive Office of Public Safety Ten Park Plaza, Suite 3720  Boston MA 02116	\$ 47,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Rowland Foundation JP Morgan 345 Park Ave  New York NY 10154	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	The Boston Globe Foundation PO Box 55819  Boston MA 02205	\$ 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization The Center for Teen Empowerment, Inc Employer identification number 04-3091002

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	<u>The Cricket Island Foundation</u> <u>780 Third St., Ste. 3400</u> <u>New York NY 10017</u>	\$ <u>30,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>WilmerHale</u> <u>60 State Street</u> <u>Boston MA 02109</u>	\$ <u>75,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	<u>The Hyams Foundation, Inc.</u> <u>50 Federal Street, 9th Floor</u> <u>Boston MA 02110</u>	\$ <u>30,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	<u>The Boston Globe Foundation</u> <u>PO Box 55819</u> <u>Boston MA 02205</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	<u>Barr Foundation</u> <u>The Pilot House</u> <u>Lewis Wharf</u> <u>Boston MA 02110</u>	\$ <u>180,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	<u>Yawkey Foundation</u> <u>990 Washington Street</u> <u>Dedham MA 02026</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <u>The Center for Teen Empowerment, Inc</u>	Employer identification number <u>04-3091002</u>
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**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>	<u>Bank of America Charitable Foundation, Inc.</u> <u>100 Federal Street</u> <u>Boston MA 02110</u>	\$ <u>100,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>14</u>	<u>City of Rochester</u> <u>30 Church Street</u> <u>City Hall</u> <u>Rochester NY 14614</u>	\$ <u>30,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

The Center for Teen Empowerment, Inc

Identifying number  
04-3091002

Business or activity to which this form relates  
Indirect Depreciation

**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.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	15,246
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,551

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	1,848
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	9,773	5.0	HY	200DB	1,954
c	7-year property	5,471	7.0	HY	200DB	781
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

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

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	25,380
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

## Federal Statements

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost &amp; Expense</u>	<u>Depr</u>	<u>Gain/ -Loss</u>
Publicly Traded Securities					\$ 25	\$ 41		\$ -16
Total					<u>\$ 25</u>	<u>\$ 41</u>	<u>\$ 0</u>	<u>\$ -16</u>

**Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates**

<u>Bus Name Address</u>	<u>Purpose</u>	<u>Amount</u>
Teen Empowerment, Inc. 48 Rutland St. Boston MA 02118	Professional Fees	\$ 27,000
Total		<u>\$ 27,000</u>

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ -427
Donated Services and Use of Facilities	<u>4,551</u>
Total	<u><u>\$ 4,124</u></u>

**Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Stanley Pollack Compensation	91,541	5,721	17,164
Total	<u>\$ 91,541</u>	<u>\$ 5,721</u>	<u>\$ 17,164</u>

# Federal Statements

## Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	\$
Advertising	2,234	2,115	119	
Health Insurance	99,287	68,907	25,606	4,774
Insurance - General	10,576	8,388	1,094	1,094
Meals	23,023	20,174	2,833	16
Miscellaneous	11,168	1,537	8,442	1,189
Office Maintenance	14,349	11,799	1,584	966
Prof. Developmnt/Subscription	3,722	928	1,965	829
Professional fees	17,330	2,650	14,680	
Program Activities	228,684	192,118	525	36,041
Workers Comp Insurance	5,943	3,411	1,893	639
Total	<u>\$ 416,316</u>	<u>\$ 312,027</u>	<u>\$ 58,741</u>	<u>\$ 45,548</u>

## Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	\$	\$	
Marketable securities	4,055	3,587	Market
Total	<u>\$ 4,055</u>	<u>\$ 3,587</u>	

## Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
Total	\$ 165,477	\$ 148,686	\$ 195,968	\$ 174,066
	<u>\$ 165,477</u>	<u>\$ 148,686</u>	<u>\$ 195,968</u>	<u>\$ 174,066</u>

## Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Deposits	\$ 1,900	\$ 7,100
Total	<u>\$ 1,900</u>	<u>\$ 7,100</u>

## Federal Statements

**Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Tanya Brussa-Pagan PO Box 6174 Boston MA 02114	Director	0	0	0	0
Andrea Condit 44 Gartland Street Jamaica Plain MA 02130	Director	0	0	0	0
Lia Der Marderosian 60 State Street Boston MA 02109	Director	0	0	0	0
Brian Gallagher 72 Woodlawn St., #2 Jamaica Plain MA 02130	Director	0	0	0	0
Joseph Jackson 14 Bell Aire Road Roslindale MA 02131	Clerk	0	0	0	0
Lauren Lapat 53 Parley Avenue Jamaica Plain MA 02130	Director	0	0	0	0
Debra McLaughlin 41 Whitman Street Somerville MA 02144	Director	0	0	0	0
Stanley Pollack 94 Grand View Arlington MA 02474	President	40	104,400	10,026	0
Claudia Moeller 129 Parker St. Newton MA 02459	Director	0	0	0	0
Lauren Wood 137 Endicott St., #5	Director	0	0	0	0

## Federal Statements

**Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Boston MA 02113					
Carol Orme-Johnson 48 Rutland Street Boston MA 02118	Treasurer/Cr	40	43,454	10,026	0

**Statement 10 - Form 990, Part VI, Line 82b - Donated Services**

Description	Amount
Donated Legal	\$ 58,718
Miscellaneous Materials	40,894
Donated Advertising	40,342
Donated Accounting Fees	10,000
Total	<u>\$ 149,954</u>

**Statement 11 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of Property**


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Description

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During 7/1/07 to 6/30/08, the Organization was involved in the following related party transactions:

The Organization paid \$27,000 to Teen Empowerment, Inc. a related company as part of a licensing agreement.

The transaction was reviewed and authorized by the Board of Directors.

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**Statement 12 - Schedule A, Part III, Line 2c - Furnishing of Goods, Services or Facilities**


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Description

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The Organization received \$58,718 of donated legal services Wilmer Hale, a related party, through board membership in fiscal year 2008.