

Return of Organization Exempt From Income Tax

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

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 **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE HOME FOR LITTLE WANDERERS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 271 HUNTINGTON AVE City or town, state or country, and ZIP + 4 BOSTON, MA 02115	D Employer identification number 04-2104764 E Telephone number (617) 267-3700
F Name and address of principal officer: JOAN WALLACE-BENJAMIN SAME AS C ABOVE		G Gross receipts \$ 54,400,204. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.THEHOME.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1799 M State of legal domicile: MA	

Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE HOME FOR LITTLE WANDERERS IS TO ENSURE THE HEALTHY, EMOTIONAL, MENTAL, AND			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
	5 Total number of employees (Part V, line 2a)	5	805	
	6 Total number of volunteers (estimate if necessary)	6	1083	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		9,914,700.	8,745,108.
	9 Program service revenue (Part VIII, line 2g)		32,141,746.	31,004,558.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,774,344.	<3,427,245.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,100.	1,493.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,888,890.	36,323,914.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		27,883,347.	28,412,805.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			47,142.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,288,411.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		14,740,560.	13,604,019.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,623,907.	42,063,966.
	19 Revenue less expenses. Subtract line 18 from line 12		4,264,983.	<5,740,052.>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		111,358,800.	92,467,720.
	21 Total liabilities (Part X, line 26)		16,300,441.	16,863,531.
	22 Net assets or fund balances. Subtract line 21 from line 20		95,058,359.	75,604,189.

Signature Block

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.

Sign Here ▶ Signature of officer Date **4/2/2010**

▶ **KENNETH E. HAMBERG, EXECUTIVE VP & CFO**
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 REM MCGLADREY, INC. 7 NEW ENGLAND EXECUTIVE PARK, SUITE 320 BURLINGTON, MA 01803-3485	Date 4/1/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (781) 685-3500
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO ENSURE THE HEALTHY EMOTIONAL, MENTAL AND SOCIAL DEVELOPMENT OF CHILDREN AT RISK, THEIR FAMILIES AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 4,714,707. including grants of \$) (Revenue \$ 4,443,533.) 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.

4b (Code:) (Expenses \$ 4,307,690. including grants of \$) (Revenue \$ 3,596,962.) 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 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.

4c (Code:) (Expenses \$ 3,892,778. including grants of \$) (Revenue \$ 4,158,873.) LONGVIEW FARM, LOCATED IN WALPOLE, SERVES BOYS AGES 10.5 - 18. 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

4d Other program services. (Describe in Schedule O.) (Expenses \$ 19,539,387. including grants of \$) (Revenue \$ 18,805,190.)

4e Total program service expenses \$ 32,454,562. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 72		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 805		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		18
b	Enter the number of voting members that are independent		18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA, AZ, AR, CT, DC, FL, GA, IL, ME, MD, MI, MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **KENNETH E. HAMBERG, CFO - 617-267-3700**
271 HUNTINGTON AVENUE, BOSTON, MA 02115-4506

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROY F. BATES, JR. SECRETARY	5.00	X		X				0.	0.	0.
CLEMMIE CASH DIRECTOR	5.00	X						0.	0.	0.
RUSSELL V. CORSINI DIRECTOR	5.00	X		X				0.	0.	0.
MICHAEL A. GAFFIN DIRECTOR	5.00	X						0.	0.	0.
GARY GREENBERG DIRECTOR	5.00	X						0.	0.	0.
JOHN T. HAILER CHAIRMAN	5.00	X		X				0.	0.	0.
LISA K. MATTHEWS DIRECTOR	5.00	X						0.	0.	0.
THOMAS SIMONS DIRECTOR	5.00	X						0.	0.	0.
LAWRENCE WEBER DIRECTOR	5.00	X						0.	0.	0.
DALE BEARDEN TREASURER	5.00	X		X				0.	0.	0.
BRIAN A. DAVIS DIRECTOR	5.00	X						0.	0.	0.
DEBORAH E. GRAY DIRECTOR	5.00	X						0.	0.	0.
JOHN F. HENNESSEY DIRECTOR	5.00	X						0.	0.	0.
PAMELA J. HERBST VICE CHAIR	5.00	X		X				0.	0.	0.
LORA KHEDERIAN DIRECTOR	5.00	X						0.	0.	0.
SABINO MAINELLA DIRECTOR	5.00	X						0.	0.	0.
RICHARD S. NOONE, JR. DIRECTOR	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES L. SCHAYE, JR. DIRECTOR	5.00	X					0.	0.	0.	
JOAN WALLACE-BENJAMIN PRESIDENT & CEO	40.00			X			329,698.	0.	60,365.	
KENNETH E. HAMBERG EXECUTIVE VP & CFO	40.00			X			180,933.	0.	42,910.	
LISA ROWAN-GILLIS VP OF DEV. & PR	40.00				X		156,190.	0.	40,514.	
PHILLIP HERNANDEZ MEDICAL DIRECTOR	37.00					X	154,629.	0.	44,546.	
LEONORA WISE VP OF HUMAN RESOURCES	40.00					X	142,148.	0.	26,238.	
MARY FRONK DIR. OF CORP. & FDN.	40.00					X	122,641.	0.	24,189.	
ELIZABETH LIAO PSYCHIATRIST	34.00					X	135,957.	0.	24,461.	
SUSAN CURNAN FORMER VP OF OPERATIONS	40.00					X	102,743.	0.	980.	
1b Total							1,324,939.	0.	264,203.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
EINHORN YAFFEE PRESCOTT 24 SCHOOL STREET, BOSTON, MA 02108	ARCHITECTURAL SERVICES	421,508.
DOC GENERAL CONTRACTING, INC. 10 DRAPER STREET, #17, WOBURN, MA 01801	GENERAL CONTRACTOR	249,445.
KDSA CONSULTING LLC 1600 OSGOOD STREET, NORTH ANDOVER, MA 01845	IT/COMPUTER SYSTEMS CONSULTING	233,100.
JONES LANG LASALLE AMERICAS 33832 TREASURY CENTER, CHICAGO, IL 60694	PROJECT MANAGEMENT SERVICES	232,255.
WESTON, PATRICK, WILLARD & REDDING 84 STATE STREET, BOSTON, MA 02109	LEGAL SERVICES	217,289.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 6

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	517,302.				
	b	Membership dues	1b					
	c	Fundraising events	1c	722,103.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7505703.				
	g	Noncash contributions included in lines 1a-1f: \$		106,720.				
	h	Total. Add lines 1a-1f		8,745,108.				
	Program Service Revenue	2 a	PROGRAM REVENUE	Business Code	900099	31004558.	31004558.	
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			31004558.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,025,236.			2025236.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
		b	Gross Rents					
		c	Less: rental expenses					
		d	Net rental income or (loss)					
	7 a		(i) Securities	(ii) Other				
		b	Gross amount from sales of assets other than inventory		12392652	29,232.		
		c	Less: cost or other basis and sales expenses		17841974	32,391.		
		d	Gain or (loss)		<5449322>	<3,159.>		
		Net gain or (loss)			<5452481.>		<5452481.>	
	8 a		Gross income from fundraising events (not including \$ 722,103. of contributions reported on line 1c). See Part IV, line 18	a	201,925.			
		b	Less: direct expenses	b	201,925.			
		c	Net income or (loss) from fundraising events					
	9 a		Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b				
c		Net income or (loss) from gaming activities						
10 a		Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS	900099		1,493.	1,493.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,493.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			36323914.	31006051.		0.<3427245.>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	574,595.		457,135.	117,460.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,134,501.	19,145,599.	2,377,682.	611,220.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	407,132.	339,104.	46,858.	21,170.
9 Other employee benefits	3,610,460.	2,965,647.	577,339.	67,474.
10 Payroll taxes	1,686,117.	1,399,438.	199,807.	86,872.
11 Fees for services (non-employees):				
a Management				
b Legal	323,759.	3,419.	320,340.	
c Accounting	142,260.		142,260.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	47,142.			47,142.
f Investment management fees	274,613.		274,613.	
g Other	764,766.	356,158.	408,608.	
12 Advertising and promotion	148,282.	132,870.	15,412.	
13 Office expenses	880,131.	267,929.	300,981.	311,221.
14 Information technology				
15 Royalties				
16 Occupancy	1,798,324.	1,224,787.	443,283.	130,254.
17 Travel	480,444.	450,881.	21,006.	8,557.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,319.	4,364.	955.	
20 Interest	569,713.	351,405.	218,308.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,083,997.	840,510.	207,021.	36,466.
23 Insurance	565,759.	452,783.	98,601.	14,375.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CLIENT EXPENSES	1,656,706.	1,656,706.		
b CONTRACTED SERVICES	1,334,382.	1,072,201.	240,879.	21,302.
c EQUIPMENT REPAIRS & MAI	1,029,880.	761,602.	204,615.	63,663.
d FOOD & OTHER PROGRAM SU	970,904.	920,029.	38,792.	12,083.
e SPECIAL EVENTS	100,019.		5,683.	94,336.
f All other expenses	1,474,761.	109,130.	720,815.	644,816.
25 Total functional expenses. Add lines 1 through 24f	42,063,966.	32,454,562.	7,320,993.	2,288,411.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	600,213.	1	478,667.
	2	Savings and temporary cash investments	55,501.	2	3,782,282.
	3	Pledges and grants receivable, net	1,594,241.	3	1,446,068.
	4	Accounts receivable, net	4,010,440.	4	3,152,032.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	196,480.	9	445,410.
	10a	Land, buildings, and equipment: cost basis ...	30,191,404.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	17,475,568.	10c	12,715,836.
	11	Investments - publicly traded securities	55,008,604.	11	37,271,328.
	12	Investments - other securities. See Part IV, line 11	22,945,158.	12	21,204,786.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,906,930.	15	11,971,311.
16	Total assets. Add lines 1 through 15 (must equal line 34)	111,358,800.	16	92,467,720.	
Liabilities	17	Accounts payable and accrued expenses	4,477,646.	17	4,950,227.
	18	Grants payable		18	
	19	Deferred revenue	18,269.	19	180,572.
	20	Tax-exempt bond liabilities	8,927,000.	20	8,627,000.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,747,471.	23	3,004,650.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	130,055.	25	101,082.
	26	Total liabilities. Add lines 17 through 25	16,300,441.	26	16,863,531.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	39,035,634.	27	29,849,019.
	28	Temporarily restricted net assets	34,451,601.	28	26,645,411.
	29	Permanently restricted net assets	21,571,124.	29	19,109,759.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	95,058,359.	33	75,604,189.	
34	Total liabilities and net assets/fund balances	111,358,800.	34	92,467,720.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **THE HOME FOR LITTLE WANDERERS, INC.** Employer identification number **04-2104764**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5245482.	6107233.	6898020.	9914700.	8254893.	36420328.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	5245482.	6107233.	6898020.	9914700.	8254893.	36420328.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1558196.
6 Public Support. Subtract line 5 from line 4.						34862132.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5245482.	6107233.	6898020.	9914700.	8254893.	36420328.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1964927.	1545835.	1739434.	2240729.	2527451.	10018376.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					189,925.	189,925.
11 Total support. Add lines 7 through 10						46628629.
12 Gross receipts from related activities, etc. (see instructions)					12 177,262,241.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	74.77 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	81.25 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE HOME FOR LITTLE WANDERERS, INC.	Employer identification number 04-2104764
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		114,161.													
c Total lobbying expenditures (add lines 1a and 1b)		114,161.													
d Other exempt purpose expenditures		32,454,562.													
e Total exempt purpose expenditures (add lines 1c and 1d)		32,568,723.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	48,677.	86,550.	89,144.	114,161.	338,532.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	90398841.				
b Contributions					
c Investment earnings or losses	<16631172.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	<5058659.>				
f Administrative expenses	<302,364.>				
g End of year balance	68406646.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **▶ 40.00 %**
 - b** Permanent endowment **▶ 28.00 %**
 - c** Term endowment **▶ 32.00 %**
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,599,770.		1,599,770.
b Buildings		18,778,251.	10,003,163.	8,775,088.
c Leasehold improvements		2,292,618.	1,495,354.	797,264.
d Equipment		6,651,661.	5,764,756.	886,905.
e Other		869,104.	212,295.	656,809.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				12,715,836.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
CASH EQUIVALENTS	9,097,798.	END-OF-YEAR MARKET VALUE
ALTERNATIVE INVESTMENTS	12,106,988.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	21,204,786.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INVESTMENT INCOME RECEIVABLE	69,744.
BOND ESCROW DEPOSITS	69,839.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	10,039,865.
BOND ISSUANCE COSTS, NET	162,762.
ASSETS HELD FOR SALE	389,946.
CONSTRUCTION IN PROGRESS	1,239,155.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	11,971,311.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
CLIENT FUNDS	45,170.	
ANNUITIES PAYABLE	55,912.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	101,082.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,323,914.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,063,966.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<5,740,052.>
4	Net unrealized gains (losses) on investments	4	<13,714,118.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<13,714,118.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<19,454,170.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,814,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	<13,714,118.>
e	Add lines 2a through 2d	2e	<13,714,118.>
3	Subtract line 2e from line 1	3	36,528,998.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<205,084.>
c	Add lines 4a and 4b	4c	<205,084.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	36,323,914.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	42,269,050.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	205,084.
e	Add lines 2a through 2d	2e	205,084.
3	Subtract line 2e from line 1	3	42,063,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	42,063,966.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENTS: -13714118.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF MOTOR VEHICLES, REPORTED ON PART VIII, LINE 7D: -3159.

SPECIAL FUNDRAISING EXPENSES NETTED WITH REVENUE ON PART VIII,

Part XIV Supplemental Information *(continued)*

LINE 8B: -201925.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF MOTOR VEHICLES, REPORTED ON PART VIII, LINE

7D: 3159.

SPECIAL FUNDRAISING EXPENSES NETTED WITH REVENUE ON PART VIII,

LINE 8B: 201925.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization **THE HOME FOR LITTLE WANDERERS, INC.** Employer identification number **04-2104764**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
L.W. ROBBINS	PROFESSIONAL FUNDRAISING CONSUL		X	1,376,760.	27,000.	1,349,760.
Total				1,376,760.	27,000.	1,349,760.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		VOICES & VISIONS (event type)	HOME IN ONE (event type)	NONE (total number)		
Revenue	1	Gross receipts	814,595.	109,433.		924,028.
	2	Less: Charitable contributions	624,670.	97,433.		722,103.
	3	Gross revenue (line 1 minus line 2)	189,925.	12,000.		201,925.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	139,925.	12,000.		151,925.
	7	Other direct expenses	50,000.			50,000.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(201,925.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOAN WALLACE-BENJAMIN	(i)	289,698.	40,000.	0.	43,900.	16,465.	390,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH E. HAMBERG	(i)	180,933.	0.	0.	25,707.	17,203.	223,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA ROWAN-GILLIS	(i)	156,190.	0.	0.	20,732.	19,782.	196,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILLIP HERNANDEZ	(i)	154,629.	0.	0.	20,415.	24,131.	199,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LEONORA WISE	(i)	142,148.	0.	0.	18,122.	8,116.	168,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH LIAO	(i)	135,957.	0.	0.	22,461.	2,000.	160,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: JOAN WALLACE-BENJAMIN - \$16,500

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

Part I Bond Issues (Required for 2008) **SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584MCK9	10/01/04	6,600,000.	PURCHASE, CONSTRUCT, RENOVATE PROG. FA		X		X
B	MASS HEALTH & EDUCATION FACILITIES AUTHORITY	04-2456011	57585KDU9	02/01/99	7,500,000.	PURCHASE, CONSTRUCT, RENOVATE PROG. FA		X		X
C										
D										
E										

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		0	FMV
5 Clothing and household goods	X		0	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	48,285	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CARDS</u>)	X	1,000	58,435	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, LINE 33: THE BOOKS, PUBLICATION, CLOTHING, AND HOUSEHOLD
GOODS WERE DONATED ITEMS FROM THE PUBLIC THAT THE ORGANIZATION DOES NOT
PURCHASE OR BOOK ON FINANCIAL RECORD.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

RELATIONSHIPS, AND PERSONAL GROWTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 PSYCHIATRICALY DISTURBED CHILDREN, ADOLESCENTS, AND THEIR FAMILIES. THE WRAPAROUND APPROACH AUGMENTS EXISTING COMMUNITY SUPPORTS TO MAXIMIZE FAMILY STRENGTHS AND SELF-SUFFICIENCY TO PROMOTE LASTING CHANGE.

EXPENSES \$ 3520852. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3663117.

EARLY CHILDHOOD AND SCHOOL AGED YOUTH PROGRAMS:

- * BOSTON EARLY INTERVENTION
- * EARLY CHILDHOOD SYSTEM OF CARE
- * PARENTS CENTER @ SALTONSTALL
- * PRE-SCHOOL OUTREACH PROGRAM
- * HARRINGTON HOUSE

EXPENSES \$ 3306203. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2682004.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

RESIDENTIAL EDUCATIONAL/ YOUTH AND TRANSITION PROGRAMS:

* ASCL (PINE MANOR)

* BAIRD GROUP HOME

* COLDWELL BANKER

* INDEPENDENT LIVING

* STARR PROGRAM @ DUGGAN HOUSE

* ROXBURY HOUSE

* WALTHAM HOUSE

EXPENSES \$ 4562842. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4587756.

MISCELLANEOUS PROGRAMS:

* COMMUNITY SERVICE AGENCY - HYDE PARK & PARK STREET

* AGING OUT

* FAMILY NETWORKS

EXPENSES \$ 578732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 579227.

COMMUNITY & FAMILY BUILDING:

* ADOPTION

* CHILD AND FAMILY COUNSELING CENTER

* COLLABORATIVE ISF CAP

* INTENSIVE FOSTER CARE

* MY LIFE MY CHOICE

* SAFE AT HOME/HOME BASED FAMILY SUPPORT

* THERAPEUTIC AFTER SCHOOL PROGRAM

EXPENSES \$ 7570758. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7293086.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Inspection

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

FORM 990, PART VI, SECTION A, LINE 2: KENNETH HAMBERG AND SABINO

MARINELLA HAD A FAMILY RELATIONSHIP.

JOHN T. HAILER AND PAMELA J. HERBST HAD A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 10: THE ANNUAL FEDERAL FORM 990 IS FIRST REVIEWED BY SENIOR MEMBERS OF FINANCE MANAGEMENT. ONCE THIS INTERNAL REVIEW IS COMPLETE, THE RETURN IS DISTRIBUTED TO AND REVIEWED BY A SUBCOMMITTEE OF THE BOARD OF DIRECTORS. THIS SUBCOMMITTEE CONSISTS OF CHAIRS OF THE GOVERNANCE, AUDIT, AND FINANCE COMMITTEES. A REVIEW/INPUT IS PROVIDED BY THIS SUBCOMMITTEE, WHO THEN RECOMMENDS APPROVAL OF THE RETURN OF THE FULL BOARD OF DIRECTORS FOR AN APPROVAL (VOTE). THE FULL BOARD IS PROVIDED THE OPPORTUNITY TO REVIEW THE FEDERAL FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, TRUSTEES, BOARD MEMBERS, AND STAFF WITH THE ORGANIZATION ARE REQUIRED TO FILE WITH THE BOARD A STATEMENT DISCLOSING HIS OR HER PERSONAL, BUSINESS OR ORGANIZATIONAL INTERESTS AND AFFILIATIONS. WHEN ANY SUCH AFFILIATION BECOMES RELEVANT IN THE MAKING OF ANY BOARD DECISION, THE DIRECTOR HAVING THE CONFLICT OF INTEREST SHALL CALL IT TO THE ATTENTION OF THE BOARD AND THAT DIRECTOR SHALL NOT VOTE ON THE MATTER AND SHALL NOT USE PERSONAL INFLUENCE. THIS DOES NOT EXCLUDE ANY DIRECTOR WHO IS EXCLUDED FROM VOTING BECAUSE OF A CONFLICT OF INTEREST FROM BRIEFLY STATING HIS OR HER POSITION AND ANSWERING PERTINENT QUESTIONS IN ORDER TO ASSIST THE BOARD IN ITS DECISION MAKING.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

FORM 990, PART VI, SECTION B, LINE 15: THE HOME PARTICIPATES IN SALARY SURVEYS FOR THE NOT-FOR-PROFIT SECTOR ON A REGULAR BASIS (FOR ALL POSITIONS). THE RESULTS OF THE SURVEY ARE SHARED WITH ALL THE ORGANIZATIONS WHO PARTICIPATED IN THE SURVEY. THE LATEST RESULTS WERE GIVEN FROM OLNEY ASSOCIATES IN FEBRUARY 2008 RELATING TO THE FOLLOWING POSITIONS:

- 1) PRESIDENT & CEO
- 2) TOP FINANCE & ADMINISTRATION
- 3) TOP DEVELOPMENT EXECUTIVE
- 4) TOP PROGRAM EXECUTIVE

THE SURVEY COMPARED SALARIES OF COMPARABLE POSITIONS FROM 19 ORGANIZATIONS IN THREE SECTORS: HUMAN SERVICES(7), PRIVATE SCHOOLS(6) AND SMALL COLLEGES(6) ALL IN THE BOSTON METROPOLITAN AREA. (ALTHOUGH THE HOME IS IN THE HUMAN SERVICES SECTOR, RECRUITING FOR THESE POSITIONS WOULD CROSS DIFFERENT SECTORS IN THE NOT-FOR-PROFIT ARENA).

ALTHOUGH MANY JOB POSITIONS HAD REPORTED "BELOW" THEIR PEER GROUP, THE DIFFERENCES WERE ONLY BETWEEN 1% AND 2%.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE ORGANIZATION'S FORM 990 IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY

(F) DESCRIPTION OF PURPOSE:

PURCHASE, CONSTRUCT, RENOVATE PROG. FACILITY

(A) ISSUER NAME: MASS HEALTH & EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

PURCHASE, CONSTRUCT, RENOVATE PROG. FACILITY

FORM 990, EXPLANATION OF AMENDED RETURN

THE ORGANIZATION WOULD LIKE TO AMEND ITS FORM 990 RETURN TO REFLECT THE CORRECT CLASSIFICATION OF CONTRIBUTIONS AND INVESTMENT INCOME. IN THE ORIGINALLY FILED FORM 990, \$502,215 OF INCOME WAS MISTAKENLY INCLUDED IN INVESTMENT INCOME. THIS AMOUNT SHOULD BE CLASSIFIED AS CONTRIBUTION INCOME.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE HOME FOR LITTLE WANDERERS, INC.

Employer identification number

04-2104764

THE FOLLOWING LINE ITEMS ARE AMENDED TO REFLECT THE CORRECT

CLASSIFICATION OF INCOME:

PART I, LINE 8 CONTRIBUTIONS AND GRANTS: \$8,745,108

PART I, LINE 10 INVESTMENT INCOME: -\$3,427,245

PART VIII, LINE 1F ALL OTHER CONTRIBUTIONS: \$7,505,703

PART VIII, LINE 3 INVESTMENT INCOME: \$2,025,236

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS & BUILDING IMPROVEMENTS	VARIOUS	SL	39.00		MM16	18778251.				18778251.	9,317,206.		697,183.	10014389.
	* 990 PAGE 10 TOTAL BUILDINGS						18778251.				18778251.	9,317,206.		697,183.	10014389.
	FURNITURE & FIXTURES														
3	FURNITURE AND FIXTURES	VARIOUS	SL	10.00		HY16	6,651,661.				6,651,661.	5,562,880.		201,876.	5,764,756.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						6,651,661.				6,651,661.	5,562,880.		201,876.	5,764,756.
	TRANSPORTATION EQUIPMENT														
4	VEHICLES	VARIOUS	SL	5.00		HY16	175,789.				175,789.	102,036.		11,740.	113,776.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						175,789.				175,789.	102,036.		11,740.	113,776.
	LAND														
1	LAND	VARIOUS	L			HY	1,599,770.				1,599,770.			0.	
	* 990 PAGE 10 TOTAL LAND						1,599,770.				1,599,770.	0.		0.	0.
	OTHER														
6	LAND IMPROVEMENTS	VARIOUS	SL	39.00		MM16	693,315.				693,315.	65,801.		32,718.	98,519.
7	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	39.00		MM16	2,292,618.				2,292,618.	1,343,648.		140,480.	1,484,128.
	* 990 PAGE 10 TOTAL OTHER						2,985,933.				2,985,933.	1,409,449.		173,198.	1,582,647.
	* GRAND TOTAL 990 PAGE 10 DEPR						30191404.				30191404.	16391571.		1,083,997.	17475568.

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE HOME FOR LITTLE WANDERERS, INC.	FORM 990 PAGE 10	04-2104764

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	250,000.
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	800,000.
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 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2009. 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.)

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,083,997.

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 2008	17	
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 2008 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						
c 7-year property						
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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 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 Total. 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	1,083,997.
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	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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							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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
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?			

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 2008 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44