

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)

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

A For the 2007 calendar year, or tax year beginning 10/1/2007, and ending 9/30/2008

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
PIONEER INSTITUTE, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
85 Devonshire Street 8th Floor
 City or town State or country ZIP + 4
BOSTON MA 02109

D Employer identification number
22-2632081

E Telephone number
(617) 723-2277

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ www.pioneerinstitute.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,596,089

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

	Description	Sub-column	Amount	Total
Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a	0	
	b Direct public support (not included on line 1a)	1b	1,529,866	
	c Indirect public support (not included on line 1a)	1c	0	
	d Government contributions (grants) (not included on line 1a)	1d	0	
	e Total (add lines 1a through 1d) (cash \$ <u>1,514,616</u> noncash \$ <u>15,250</u>)	1e		1,529,866
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
	3 Membership dues and assessments	3		0
	4 Interest on savings and temporary cash investments	4		24,137
	5 Dividends and interest from securities	5		14,231
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		0	
7 Other investment income (describe ▶ _____)	7		0	
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	0	
	(B) Other	8a	0	
	b Less: cost or other basis and sales expenses	8b	0	
	c Gain or (loss) (attach schedule)	8c	0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a	0	
	b Less: direct expenses other than fundraising expenses	9b	0	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		0
10 a Gross sales of inventory, less returns and allowances	10a	0		
	b Less: cost of goods sold	10b	0	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		0
11 Other revenue (from Part VII, line 103)	11		27,855	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,596,089	
Expenses	13 Program services (from line 44, column (B))	13		813,056
	14 Management and general (from line 44, column (C))	14		166,684
	15 Fundraising (from line 44, column (D))	15		247,942
	16 Payments to affiliates (attach schedule)	16		0
	17 Total expenses. Add lines 16 and 44, column (A)	17		1,227,682
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		368,407
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,375,648
	20 Other changes in net assets or fund balances (attach explanation)	20		-123,981
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,620,074

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	365,001	240,642	60,637	63,722
25 b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
25 c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	209,049	111,210	29,278	68,561
27	Pension plan contributions not included on lines 25a, b, and c	1,516	929	238	349
28	Employee benefits not included on lines 25a - 27	77,893	47,743	12,201	17,949
29	Payroll taxes	41,434	25,396	6,490	9,548
30	Professional fundraising fees	0			
31	Accounting fees	30,034	6,150	21,572	2,312
32	Legal fees	265	162	42	61
33	Supplies	8,962	5,493	1,404	2,065
34	Telephone	4,868	2,983	763	1,122
35	Postage and shipping	12,165	7,030	1,559	3,576
36	Occupancy	79,862	48,950	12,509	18,403
37	Equipment rental and maintenance	8,275	5,071	1,297	1,907
38	Printing and publications	72,207	65,783	1,957	4,467
39	Travel	11,411	3,298	3,024	5,089
40	Conferences, conventions, and meetings	103,704	90,028	6,937	6,739
41	Interest	2,334	1,431	365	538
42	Depreciation, depletion, etc. (attach schedule)	9,125	5,593	1,429	2,103
43	Other expenses not covered above (itemize):				
43 a	See attached statement	189,577	145,164	4,982	39,431
43 b		0	0	0	0
43 c		0	0	0	0
43 d		0	0	0	0
43 e		0	0	0	0
43 f		0	0	0	0
43 g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,227,682	813,056	166,684	247,942

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

What is the organization's primary exempt purpose? ► <u>Education & Public Information</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Outreach & Public Communication (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	58,270
b Center for School Reform (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	229,918
c Center for Economic Opportunity (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	70,248
d Center for Better Government (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	245,850
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	208,771
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	813,057

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	836,599	46	753,099
	47 a	Accounts receivable	47a 1,218		
	b	Less: allowance for doubtful accounts	47b 0	17,315	47c 1,218
	48 a	Pledges receivable	48a 8,885		
	b	Less: allowance for doubtful accounts	48b 0	35,518	48c 8,885
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a	Other notes and loans receivable (attach schedule)	51a 0		
	b	Less: allowance for doubtful accounts	51b 0	0	51c 0
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	32,375	53	32,137
	54 a	Investments—publicly-traded securities.	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	489,605	54a 855,431
	b	Investments—other securities (attach schedule).	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
	55 a	Investments—land, buildings, and equipment: basis	55a 285,897		
	b	Less: accumulated depreciation (attach schedule)	55b 280,474	7,675	55c 5,423
	56	Investments—other (attach schedule)		0	56 0
	57 a	Land, buildings, and equipment: basis	57a 0		
b	Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Dividends Receivable)		0	58 0	
59	Total assets (must equal line 74). Add lines 45 through 58		1,419,087	59 1,656,193	
Liabilities	60	Accounts payable and accrued expenses	43,439	60	36,117
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b	Mortgages and other notes payable (attach schedule)		0	64b 0
	65	Other liabilities (describe <input type="checkbox"/>)		0	65 0
66	Total liabilities. Add lines 60 through 65		43,439	66 36,117	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,147,060	67	1,109,233
	68	Temporarily restricted	61,166	68	324,951
	69	Permanently restricted	167,422	69	185,892
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,375,648	73 1,620,076	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		1,419,087	74 1,656,193	

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

a	Total revenue, gains, and other support per audited financial statements		a	1,596,089
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,596,089
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	1,596,089

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

a	Total expenses and losses per audited financial statements		a	1,227,683
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,227,683
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	1,227,683

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Lovett C. Peters Str 81 Old Orchard Road City Chestnut Hill ST MA ZIP 02467	Title Founding Chairm Hr/WK	0	0	0
Name James Stergios Str 132 Myrtle Street, Ap City Boston ST MA ZIP 02114	Title Executive Directo Hr/WK 40	128,354	7,901	0
Name Peter Begley Str 10 Usher Road #1 City Medford ST MA ZIP 02155	Title Director of Opera Hr/WK 32	69,077	12,729	0
Name Steve Poflak Str 58 Orchard Street #1 City Boston ST MA ZIP 02130	Title Director of Rese Hr/WK 40	92,326	13,426	0
Name Jamie Gass Str 67 Rangeley Street City West Newton ST MA ZIP 02465	Title Director of Educa Hr/WK 40	75,244	10,657	0
Name Morris Gray Str 10 Longwood Drive # City Westwood ST MA ZIP 02090	Title Tresurer Hr/WK	0	0	0
Name see Attached List Str City ST ZIP	Title Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 19		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				

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

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 15,250		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed MA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	8
91 a	The books are in care of Name Mr. Peter Begley Telephone no. (617) 723-2277 Located at 85 Devonshire Street City Boston ST MA ZIP + 4 02109		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

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

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,137	
96 Dividends and interest from securities			14	14,231	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Ticket Sales			06	20,710	
b Book Sales			12	50	
c Editorial Income			06	1,900	
d Miscellaneous Income/Reimbursements			06	5,195	
e					
104 Subtotal (add columns (B), (D), and (E))		0		66,223	0
105 Total (add line 104, columns (B), (D), and (E))					66,223

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

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

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

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



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

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
-----	--	-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
-----	---	-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
-----	--	-----	----

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.

Please Sign Here

Date: 4/29/08

Signature of officer _____
 Type or print name and title: **JAMES STERGIOS, EXECUTIVE DIRECTOR**

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

Part III, Line e (990) - Other Program Services

	Program Service Expenses
Middle Cities Initiative	
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	81,384
LCP Lecture Series	
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	39,631
Other Research Programs/Projects	
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	87,756
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

PIONEER INSTITUTE, INC.

Employer identification number

22-2632081

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Liam Day, 21 Cushing Avenue; #4 Dorchester, MA 02125	Director of Communicati 40	50,538	12,157	
Steve Poftak, 58 Orchard Street; #1 Boston, MA 02130	Director of Research & C 40	92,326	13,426	
Jamie Gass, 67 Rangeley Street West Newton, MA 02465	Director of Education 40	75,244	10,657	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . see Part V Form 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		

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

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,205,600	1,161,242	1,381,411	646,526	4,394,779	
16 Membership fees received					0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	87,115	21,606	16,107	14,022	138,850	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	37,632	61,311	12,613	8,010	119,566	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0	
23 Total of lines 15 through 22	1,330,347	1,244,159	1,410,131	668,558	4,653,195	
24 Line 23 minus line 17	1,243,232	1,222,553	1,394,024	654,536	4,514,345	
25 Enter 1% of line 23	13,303	12,442	14,101	6,686		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 90,287	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,514,345	
d Add: Amounts from column (e) for lines:	18 119,566	19	20	21	26d 119,566	
e Public support (line 26c minus line 26d total)					26e 4,394,779	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.35%	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006)	(2005)	(2004)	(2003)			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2006)	(2005)	(2004)	(2003)			
c Add: Amounts from column (e) for lines:	15	16	17	20	21	27c 0
d Add: Line 27a total	and line 27b total				27d 0	
e Public support (line 27c total minus line 27d total)					27e 0	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization	Employer identification number
PIONEER INSTITUTE, INC.	22-2632081

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule—

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

Special Rules—

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

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

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

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

Name of organization
PIONEER INSTITUTE, INC.

Employer identification number
22-2632081

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	SEE ATTACHED SCHEDULE Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	1,514,616	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 In-Kind Donation		15,250
6		6
7		7
8		8
9		9
10 Total	1,514,616	10 15,250
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Line 20 (990) - Other Changes in Net Assets or Fund Balances

-123,981

Description		Total
1	Increase/(Decrease) in Market Value of Investments	-123,981
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part II, Line 43 (990) - Other Expenses

189,577

145,164

4,982

39,431

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Consultants	66,309	41,600	2,624	22,085
2	Consultants Expenses	3,650	774		2,876
3	Search Firms	10,000			10,000
4	Temporary Help	738	738		
5	Other Outside Services	1,000			1,000
6	Research Assistants	5,500	5,500		
7	Research Assistants Expenses	0			
8	Contracts	70,930	70,930		
9	Contract Expenses	2,393	2,393		
10	Peer Review	0			
11	Prizes	14,000	14,000		
12	Insurance	4,417	2,707	692	1,018
13	Publications/Subscriptions	3,894	2,387	610	897
14	Dues/Memberships	1,649	1,011	258	380
15	Licenses and Permits	1,235	757	193	285
16	Internet Access	1,449	888	227	334
17	Programming	244	150	38	56
18	Hosting	120	73	19	28
19	Payroll Expenses	2,049	1,256	321	472
20		0			

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Other Receivables	1	17,315	1,218		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	17,315	1,218	0	0

Part IV, Line 48 (990) - Pledges Receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Contributions Receivable	1	35,518	8,885		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable	11	35,518	8,885	0	0

Part IV, Line 54a (990) - Investments - Publicly-Traded Securities

Check one box below to indicate how securities are reported:

Cost

End of year market value (FMV)

		0	489,605	855,431	
Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	Shelby Cullom Davis, Fund A			489,605	381,206
2	VanGuard GNMA Fund			0	373,326
3	Colby Hewitt Endowment			0	100,899
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0

Part IV, Line 55 (990) - Investments - Land, Buildings, and Equipment

		285,897	271,348	280,474	7,675	5,423
Category or Item		Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Furniture & Fixtures	31,091	29,346	30,757	1,745	334
2	Office Equipment	81,047	73,468	76,465	706	4,582
3	Software	138,261	134,101	137,881	4,160	380
4	Leasehold Improvements	35,498	34,433	35,371	1,064	127
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0

Part VII, Line 103 (990) - Other Revenue

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Ticket Sales			06	20,710	
b Book Sales			12	50	
c Editorial Income			06	1,900	
d Miscellaneous Income/Reimburseme			06	5,195	
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

PIONEER INSTITUTE, INC. - BOARD of DIRECTORS 2007 (10/07-09/08)

TAX ID #: 22-2632081
FORM 990 - PART V-A

First Name	Last Name	Title	Address 1	Address 2	City	State	Zip Code	Hours of Work	Compensation	Contributions to Employee Benefits	Expense Account or Allowances	Note
Nancy	Anthony	Board of Directors	Member 103 Old Colony Road		Wellesley	MA	02482	N/A	\$0	\$0	\$0	
Michael	Ervolini	Board of Directors	Member 3 Buckthorn Terrace		Winthrop	MA	02152	N/A	\$0	\$0	\$0	
Stephen	Fantone	Board of Directors	Member 340 Summer Street		Lynnfield	MA	01940	N/A	\$0	\$0	\$0	
Joseph	Giglio	Board of Directors	Member 780 Boylston Street #26H		Boston	MA	02199	N/A	\$0	\$0	\$0	
Annette	Hanson	Board of Directors	Member 8 Shornecliffe Road		Newton	MA	02458	N/A	\$0	\$0	\$0	
Kerry	Healey	Board of Directors	Member 10 Curtis Point		Beverly	MA	01915	N/A	\$0	\$0	\$0	
Charles, III	Hewitt	Board of Directors	Member 726 High Street		Dedham	MA	02026	N/A	\$0	\$0	\$0	
Fred	Hochberg	Board of Directors	Member 18 Clovelly Road		ChestnutHill	MA	02467	N/A	\$0	\$0	\$0	
Alfred	Houston	Board of Directors	Member 19 Tanglewood Road		WellesleyHills	MA	02481	N/A	\$0	\$0	\$0	
C. Bruce	Johnstone	Board of Directors	Member 827 Charles River Street		Needham	MA	02492	N/A	\$0	\$0	\$0	
Alan	Morse	Board of Directors	Member 160 Aspinwall Ave. #1		Brookline	MA	02446	N/A	\$0	\$0	\$0	
Lovett C.	Peters	Founding Chair	81 Old Orchard Road		ChestnutHill	MA	02467	N/A	\$0	\$0	\$0	
John	Reed	Board of Directors	Member 10 Tekoa Terrace		Westfield	MA	01085	N/A	\$0	\$0	\$0	
Mark	Rickabaugh	Board of Directors	Member 67 Pinckney Street		Boston	MA	02114	N/A	\$0	\$0	\$0	
Ellen Roy	Herzfelder	Board of Directors	Member 438 Jerusalem Road		Cohasset	MA	02025	N/A	\$0	\$0	\$0	
Diane	Schmalensee	Vice Chairman	172 Beacon Street	Suite 4	Boston	MA	02116	N/A	\$0	\$0	\$0	
Alan	Steinert	Board of Directors	Member 993 Memorial Drive	Unit 203	Cambridge	MA	02138	N/A	\$0	\$0	\$0	
William B.	Tyler	Chairman	130 Seminary Avenue	Apt 123	Auburndale	MA	02466	N/A	\$0	\$0	\$0	
Walter	Van Dorn	Board of Directors	Member 50 Battery Street		Boston	MA	02109	N/A	\$0	\$0	\$0	

PIONEER INSTITUTE INC. - 2007 FORM 990

TAX ID #: 22-2632081

SCHEDULE B - PART I

Name	Address Line 1	Address Line 2	City	State	Donation Revenue
Mr. Lovett Peters	81 Old Orchard Rd		Chestnut Hill	MA	\$250,610.00
Amelia Peabody Charitable Fund	10 Post Office Square	Suite 995	Boston	MA	150,000.00
Mr. David H. Koch	667 Madison Avenue	22nd Floor	New York	NY	125,000.00
Donors Capital Fund, Inc.	Post Office Box 1305	111 North Henry Street	Alexandria	VA	110,000.00
Mr. Lovett C. Peters	81 Old Orchard Rd		Chestnut Hill	MA	50,000.00
Alfred P. Sloan Foundation	630 Fifth Avenue	Suite 2550	New York	NY	50,000.00
Mr. Mark Rickabaugh	One Post Office Square, 38th Floor		Boston	MA	38,140.00
Mr. C. Bruce Johnstone	827 Charles River St.		Needham	MA	35,000.00
Mr. Mark V. Rickabaugh	67 Pinckney Street		Boston	MA	35,000.00
					\$843,750.00