

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

<b>B</b> Check if applicable:  <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	<b>C</b> Name of organization  <b>Community Teamwork, Inc.</b>  Number and street (or P O box if mail is not delivered to street address) <b>167 Dutton Street</b>  City or town, state or country, and ZIP <b>Lowell, MA 01852</b>	<b>D</b> Employer identification number  <b>04-2382027</b>
		<b>E</b> Telephone number  <b>(978) 459-0551</b>
		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 527  
OR ☐ 4947(a)(1)

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

Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs)  
H(a) Is this a group return for affiliates? ☐ Yes ☒ No  
H(b) If "Yes" enter number of affiliates ▶ ☐ Yes ☒ No  
H(c) Are all affiliates included? (If "No" attach a list) ☐ Yes ☒ No  
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
I Enter 4-digit group exemption no (GEN) ▶ ☐ Yes ☒ No  
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☒

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1a	112052.	1d	45060729.
	a	Direct public support	1b		2	82034.
	b	Indirect public support	1c	44948677.	3	
	c	Government contributions (grants)			4	80045.
	d	Total (add lines 1a through 1c) (cash \$ 45060729. noncash \$ )			5	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			6a	
	3	Membership dues and assessments			6b	
	4	Interest on savings and temporary cash investments			6c	
	5	Dividends and interest from securities			7	
	6a	Gross rents			8d	
<b>Expenses</b>	b	Less rental expenses				
	c	Net rental income or (loss) (subtract line 6b from line 6a)				
	7	Other investment income (describe ▶ )				
	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
<b>Net Assets</b>	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	22345.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	45245153.
	13	Program services (from line 44, column (B))			13	43790174.
	14	Management and general (from line 44, column (D))			14	1467347.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
<b>Net Assets</b>	17	Total expenses (add lines 16 and 44, column (A))			17	45257521.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-12368.
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19	1563297.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1550929.

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**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.

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 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 0.	0.	0.	0.
26 Other salaries and wages	26 10524029.	9587143.	936886.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 2823507.	2606357.	217150.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 1082935.	1002390.	80545.	
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 343934.	342469.	1465.	
40 Conferences, conventions, and meetings	40			
41 Interest	41 162005.	134612.	27393.	
42 Depreciation, depletion, etc. (attach schedule)	42 185821.	153818.	32003.	
43 Other expenses (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 1	43e 30135290.	29963385.	171905.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.	44 45257521.	43790174.	1467347.	0.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ►

Community Development

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 Housing - to provide low income families with housing assist. and homebuyer counseling.				
(Grants and allocations \$ _____)				12912186.
b Shelter & Advocacy - to provide temporary shelter and counseling for homeless indiv. & families				
(Grants and allocations \$ _____)				961171.
c Energy - to provide low income families with heating and weatherization assistance.				
(Grants and allocations \$ _____)				6244082.
d Family Life Services - to provide low income families with day care assist., counseling, and nutritious meals.				
(Grants and allocations \$ _____)				8009487.
e Other program services (attach schedule) Statement 2				15663248.
f Total of Program Service Expenses (should equal line 44 column (B) Program services)				43790174.

**Part IV Balance Sheets**

**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
<b>Assets</b>	45 Cash - non-interest-bearing	1759310.	45	1350664.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	4490972.		
	b Less allowance for doubtful accounts		47c	4490972.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	85746.	53	57287.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	3864005.			
b Less accumulated depreciation	1002869.	3046957.	57c	2861136.
58 Other assets (describe )	369905.	58	0.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	8994973.	59	8760059.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2588809.	60	2527344.
	61 Grants payable		61	
	62 Deferred revenue	1427058.	62	1577533.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	328856.	64b	260671.
	65 Other liabilities (describe ) See Statement 3 )	3086953.	65	2843582.
66 <b>Total liabilities</b> (add lines 60 through 65)	7431676.	66	7209130.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1563297.	67	1550929.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1563297.	73	1550929.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	8994973.	74	8760059.	

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.

**Part IV-A** **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	45245153.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990	<b>b</b>	
<b>(1)</b>	Net unrealized gains on investments \$ _____		
<b>(2)</b>	Donated services and use of facilities \$ _____		
<b>(3)</b>	Recoveries of prior year grants \$ _____		
<b>(4)</b>	Other (specify) \$ _____		
	Add amounts on lines <b>(1)</b> through <b>(4)</b>	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	45245153.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>	<b>d</b>	
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b>	Other (specify) \$ _____		
	Add amounts on lines <b>(1)</b> and <b>(2)</b>	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	45245153.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	▶	<b>a</b>	45257521.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990			
(1)	Donated services and use of facilities \$ _____			
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____			
(3)	Losses reported on line 20 Form 990 \$ _____			
(4)	Other (specify) \$ _____			
	Add amounts on lines (1) through (4) ▶		<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶		<b>c</b>	45257521.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>			
(1)	Investment expenses not included on line 6b, Form 990 \$ _____			
(2)	Other (specify) \$ _____			
	Add amounts on lines (1) and (2) ▶		<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶		<b>e</b>	45257521.

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated )

[illegible]

**Part VI Other Information**

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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		
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 <b>See Statement 4</b> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a Enter the amount of political expenditures direct or indirect, as described in the instructions for line 81	81a	0.	
b Did the organization file Form 1120-POL for this year?	81b		X
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?	82a	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 for reporting in Part III.)	82b	910443.	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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			
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 in 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 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) organizations 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) organizations 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 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	88		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations 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		0.	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.	
90 a List the states with which a copy of this return is filed <b>Massachusetts</b>	90b		413
b Number of employees employed in the pay period that includes March 12, 2000			

91 The books are in care of **Leanne Weldon, Controller** Telephone no **(978) 459-0551**

Located at **167 Dutton St. Lowell, MA** ZIP code **01852**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

**Part I Analysis of Income-Producing Activities**

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>COMMERCIAL SERVICES</b>			01	82034.	
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	80045.	
96 Dividends and interest from securities					
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 <b>Other Revenue</b>					22345.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		162079.	22345.
105 Total (add line 104, columns (B), (D), and (E))					184424.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part II Relationship of Activities to the Accomplishment of Exempt Purposes**

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)
103	<b>PROFESSIONAL FUNDRAISING</b>

**Part III Information Regarding Taxable Subsidiaries and Disregarded Entities**

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

**Part IV Information Regarding Transfers Associated with Personal Benefit Contracts**

- (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).

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, and I am providing all information of which I have any knowledge. (Important: See General Instruction W.)

1/4/02  
DateChief Operating Officer  
Type or print name and title

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2000**

Name of the organization

Community Teamwork, Inc.

Employer identification number

04 2382027

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
JAMES CANAVAN, JR. -----	EXEC DIR 40	97864.	9352.	
WILLIAM F. LIPCHITZ -----	OPER OFFICER 40	86965.	7711.	
JAMES HOULARES -----	CHILD DEV DIR 40	67746.	6763.	
KAREN FREDERICK -----	PROG OFFICER 40	80371.	12901.	
MARTHA R. CHILDS -----	FLS DIR 40	61984.	9883.	
Total number of other employees paid over \$50,000 ▶	6			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
CONCORD ASSABET ----- 380 MASS. AVENUE ACTON, MA 01742	MENTAL HEALTH SERVICES	125458.
HOLLAND AND KNIGHT ----- 10 ST. JAMES AVENUE BOSTON, MA 02116	LEGAL	161097.
DANIEL DENNIS & COMPANY ----- 116 HUNTINGTON AVE BOSTON, MA 02116	AUDIT	76877.
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

**Part III** Statements About Activities

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?

1

X

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 12000.

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 of its 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

a Sale, exchange, or leasing of property?

2a

X

b Lending of money or other extension of credit?

2b

X

c Furnishing of goods, services, or facilities?

2c

X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

X

e Transfer of any part of its income or assets?

2e

X

If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.?

3

X

- 4a Do you have a section 403(b) annuity plan for your employees?

4a

X

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	39285033.	38739460.	39496739.	36765528.	154286760.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	39044.	59381.	38494.	14307.	151226.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		-266.	See Statement 5		-266.
<b>23</b> Total of lines 15 through 22	39324077.	38798575.	39535233.	36779835.	154437720.
<b>24</b> Line 23 minus line 17	39324077.	38798575.	39535233.	36779835.	154437720.
<b>25</b> Enter 1% of line 23	393241.	387986.	395352.	367798.	

<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	<b>26a</b>	3088754.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.		<b>26b</b>	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	154437720.
d Add: Amounts from column (e) for lines	18 151226. 19	<b>26d</b>	150960.
	22 -266. 26b	<b>26e</b>	154286760.
e Public support (line 26c minus line 26d total)		<b>26f</b>	99.9023%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	

<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) (1998) (1997) (1996)		
	N/A		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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 (1999) (1998) (1997) (1996)			
	N/A		
c Add: Amounts from column (e) for lines	15 16	<b>27c</b>	N/A
	17 20	<b>27d</b>	N/A
d Add: Line 27a total and line 27b total		<b>27e</b>	N/A
e Public support (line 27c total minus line 27d total)		<b>27f</b>	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).	<b>27f</b>	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	N/A %

**28 Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

None

**Part V Private School Questionnaire**

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	32c	
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.)	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	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?	34a	
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.	34b	
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.	35	

**VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

- ere ☐ If the organization belongs to an affiliated group  
 ere ☐ If you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

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

(a)  
Affiliated group  
totals

(b)  
To be completed for ALL  
electing organizations

N/A

al lobbying expenditures to influence public opinion (grassroots lobbying)

36

al lobbying expenditures to influence a legislative body (direct lobbying)

37

al lobbying expenditures (add lines 36 and 37)

38

er exempt purpose expenditures

39

al exempt purpose expenditures (add lines 38 and 39)

40

obbying nontaxable amount Enter the amount from the following table -

ne amount on line 40 is -

The lobbying nontaxable amount is -

over \$500 000

20% of the amount on line 40

or \$500 000 but not over \$1 000 000

\$100 000 plus 15% of the excess over \$500 000

or \$1,000 000 but not over \$1 500 000

\$175 000 plus 10% of the excess over \$1,000 000

or \$1 500 000 but not over \$17,000 000

\$225 000 plus 5% of the excess over \$1 500 000

or \$17 000 000

\$1 000 000

assroots nontaxable amount (enter 25% of line 41)

42

btract line 42 from line 36 Enter -0- if line 42 is more than line 36

43

btract line 41 from line 38 Enter -0- if line 41 is more than line 38

44

ution 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 9 of the instructions )

ar year (or ear beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
bbying nontaxable ount					0.
bbying ceiling amount 50% of line 45(e))					0.
tal lobbying penditures					0.
assroots nontaxable ount					0.
assroots ceiling amount 50% of line 48(e))					0.
assroots lobbying penditures					0.

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

(For reporting only by organizations that did not complete Part VI-A)

the year, did the organization attempt to influence national, state or local legislation, including any attempt to

ce public opinion on a legislative matter or referendum, through the use of

unteers

id staff or management (include compensation in expenses reported on lines c through h)

edia advertisements

ailings to members, legislators, or the public

ublications, or published or broadcast statements

ants to other organizations for lobbying purposes

rect contact with legislators, their staffs government officials or a legislative body

lies, demonstrations seminars, conventions, speeches, lectures, or any other means

ital lobbying expenditures (add lines c through h)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
X		12000.
	X	
		12000.

See Statement 6

[illegible]

Form 990	Other Expenses			Statement 1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Client Payments	26008062.	26008062.		
Food Expense	417544.	417544.		
Facility Costs	1319251.	1281109.	38142.	
Program Consultants	1138143.	1138143.		
Other Costs	27683.		27683.	
Training	258062.	251132.	6930.	
Program support costs	96842.	96842.		
Stipends	438881.	438881.		
Client Transportation	187177.	187177.		
Professional Fees	243645.	144495.	99150.	
Loss on Disposal of Assets	0.			
Total to Form 990, line 43	30135290.	29963385.	171905.	

Form 990	Other Program Services		Statement 2
Description	Grants and Allocations	Expenses	
Elderly Programs - to utilize services of Foster Grandparents, Senior Companions & Retired Senior volunteers in the Comm.		729096.	
Child Development-to provide low income families with early childhood development, assistance and nutritious meals for their children.		4822070.	
Local Initiative		1781943.	
WIC Program		831113.	
Child Care Search		7499026.	
Total to Form 990, Part III, line e		15663248.	

Form 990	Other Liabilities	Statement	3
Description		Amount	
Other Current Liabilities		387958.	
Accrued Vacation		615361.	
Notes Payables (Noncurrent Liabilities)		1840263.	
Total to Form 990, Part IV, line 65, Column B		2843582.	

Form 990	Identification of Related Organizations Part VI, Line 80b	Statement	4
Name of Organization		Exempt	NonExempt
MECHANICS HALL CORPORATION		X	
MERRIMACK VALLEY HOUSING SERVICES INC.		X	

Schedule A	Other Income			Statement	5
Description	1999 Amount	1998 Amount	1997 Amount	1996 Amount	
SPECIAL EVENT		-266.			
Total to Schedule A, line 22		-266.			

Schedule A	Statement of Lobbying Activities - Part VI-B	Statement	6
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MEETINGS WITH STATE LEGISLATORS AND THEIR STAFF REGARDING LEGISLATION  
SPECIFIC TO THE ORGANIZATION'S PROGRAMS.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete **Part I** only ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization  <b>Community Teamwork, Inc.</b>	Employer identification number  <b>04-2382027</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>167 Dutton Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Lowell, MA 01852</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until **February 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2000**, and ending **JUN 30, 2001**

2 If this tax year is for less than 12 months check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

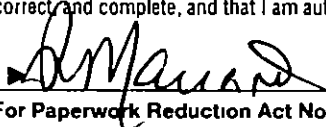

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date **11/13/01**



Community Teamwork, Inc.  
Tax Depreciation  
June 30, 2001

	<u>Cost</u>	<u>A/D Beg Yr</u>	<u>Depr. Exp</u>	<u>A/D End Yr.</u>
Land	\$ 369,960	\$ -	\$ -	-
Building	1,678,583	363,640	91,930	455,570
Building Improvement	1,804,457	451,115	90,223	541,338
Computer Equipment	11,005	2,293	3,668	5,961
<b>Total</b>	<u>\$ 3,864,005</u>	<u>\$ 817,048</u>	<u>\$ 185,821</u>	<u>\$ 1,002,869</u>
	~	~	~	~

Tax Depreciation

COMMUNITY TEAMWORK, INC.  
BOARD OF DIRECTORS

William J. Blair.....President  
Rita O'Brien Dee.....Vice President  
Thomas A. Joyce.....Treasurer  
Marjorie McDermott.....Assistant Treasurer  
Danny Chum.....Clerk

\*LATINOS EN ACCION

Jose Alejandro  
20 Fernald Street  
Lowell, MA 01851  
( )  
Apptd. 2/00  
275-0553 (Pager: 488-2332)  
E-mail:  
Mailing address:  
P.O. Box 254  
Lowell, MA 01853-0254

\*\*DRACUT BD. OF SELECTMEN

Clare C. Hamilton  
5 Hillcrest Road  
Dracut, MA 01826  
(Director, Council on Aging)  
Apptd. 9/96  
957-2611 (B)  
E-mail: chaml3795@aol.com  
Mailing address:  
Council on Aging, 951 Mammoth Rd., Dracut,  
MA 01826

\*\*\*GREATER LOWELL CENTRAL  
LABOR COUNCIL

William Blair  
100 Livingston Avenue  
Lowell, MA 01851  
(School Teacher)  
Apptd. 1/00 (formerly represented City of  
Lowell since 9/92)  
452-5416 (H)  
E-mail:

\*\*\*MERRIMACK VALLEY  
HOUSING PARTNERSHIP

Thomas A. Joyce  
13 Oakland Street  
Lowell, MA 01852  
(Business Owner)  
Apptd. 9/97  
454-9845 (H) / 937-8006 (B)  
937-7573 (FAX)  
E-mail: Tom@joyceco.com  
Mailing address:  
The Joyce Company  
251 Mt. Vernon Street  
Lowell, MA 01854

\*CAMBODIAN MUTUAL ASSISTANCE  
ASSOCIATION

Danny Chum, Esq.  
746 Broadway Street  
Lowell, MA 01854  
(Attorney)  
Apptd. 4/00  
458-6887 (B) / 459-6927 (H) / 458-3424 (Fax)  
E-mail:  
Mailing Address:  
Donahue & Donahue  
21 George Street  
Lowell, MA 01852

\*\*\*ST. MARGARET'S CHURCH PARISH  
COUNCIL

Jane Kijanka  
495 Pine Street  
Lowell, MA 01851  
(Office Manager)  
Apptd. 2/95  
452-4305  
E-mail: Lefty61@aol.com

\*\*BILLERICA BD OF SELECTMEN

Thomas H. Conway, Jr  
18 Hampstead Avenue  
No. Billerica, MA 01862  
(Retired)  
Appointed 12/92  
663-2456 (H)  
E-mail:

\*\*\*NORTHEAST INDEPENDENT LIVING  
PROGRAM

Jim Lyons  
20 Ballard Road  
Lawrence, MA 01843  
(Community Development Director)  
Apptd. 9/94  
687-4288 (B) / 689-4488 (FAX)  
E-mail:

**\*\*\*CHRIST CHURCH UNITED**

Virginia Ann McDaniel  
1 Bartlett Street  
Lowell, MA 01852  
(Pastor)  
Apptd. 1/99  
459-9631 (B) / 452-7622 (FAX) /  
E-mail ccu@gis.net

**\*ELDERLY ADVISORY COUNCIL**

Marjorie McDermott  
1303 Lawrence Street  
Lowell, MA 01852  
(Retired)  
Elected 11/89  
454-2206 (H)  
E-mail: Mmcderm833@aol.com

**\*\*\*CHAMBER OF  
COMMERCE AND INDUSTRY**

John L. McDonough  
14 Highland Street  
Lowell, MA 01852  
(Funeral Director)  
Apptd. 5/96  
458-6816 (H) / 459-0115 (FAX)  
E-mail:

**\*\*WESTFORD BD. OF SELECTMEN**

Madonna McKenzie  
28 Cold Spring Road  
Westford, MA 01886  
(Self-Employed)  
Apptd. 9/93  
692-3721 (H)  
E-mail:

**\*\*CITY OF LOWELL**

William F. Martin, Jr.  
115 Moore Street  
Lowell, MA 01852  
( )  
Apptd. 3/00  
441-2203  
E-mail:

**\*LOWER HIGHLANDS**

Catherine M. Maynard  
35 Gates Street  
Lowell, MA 01851  
(Service Worker)  
Elected 5/79  
454-3413 (H)  
E-mail: grnthumb50@aol.com

**\*\*CITY OF LOWELL**

Armand P. Mercier  
187 Mammoth Road  
Lowell, MA 01854  
(Real Estate)  
Apptd. 1/98  
454-4775 (H) / 458-7567 (B)  
E-mail:  
Send all Board materials to.  
Mayor Eileen Donoghue  
City Hall  
375 Merrimack Street  
Lowell, MA 01852

**\*HEAD START POLICY COUNCIL**

Melissa Nieves  
22 Middlesex Park  
Lowell, MA 01851  
Apptd. 3/00  
978-937-2033 (H)

**\*CHELMS./TEWKS.  
COUNCILS ON AGING**

Rita O'Brien Dee  
7 Lloyd Street  
Tewksbury, MA 01876  
(Retired)  
Apptd 10/96  
851-9530 (H)  
E-mail

**\*\*CITY OF LOWELL**

Peter Richards  
114 Billings Street  
Lowell, MA 01850  
(School Teacher)  
Apptd. 8/96  
459-7748 (H)  
E-mail:

**\*SOUTH END**

Ruth Ann Sharpe  
183 Gorham Street, Apt. 278  
Lowell, MA 01852  
(Retired)  
Elected 10/78  
459-7074 (H)  
E-mail:

**\*\*TEWKSBURY BD. OF SELECTMEN**

Marie P. Sweeney  
51 Fiske Street  
Tewksbury, MA 01876  
(Community Activist)  
Apptd. 2/92  
851-3867 (H)  
E-mail: sweeneyfamily@mediaone.net

**\*\*\*MERRIMACK VALLEY**

**BRANCH/NAACP**

Vincent Tyler  
1149 Osgood Street  
No. Andover, MA 01845  
(MassPort)  
Apptd. 9/99  
E-mail

**\*\*CHELMSFORD BD. OF SELECTMEN**

Martin J. Walsh  
Chelmsford Council on Aging  
75 Groton Road  
No. Chelmsford, MA 01863  
(Director, Council on Aging)  
Apptd. 1/95  
251-8788 (B) / 251-1123 (FAX)  
E-mail

**\*\*\*GREATER LOWELL BANKING  
COUNCIL**

Donald Washburn  
MassBank  
50 Central Street  
Lowell, MA 01852  
(Banker)  
Apptd. 1/00  
446-9340 (B)  
E-mail.

\*. Low-Income

\*\* : Public

\*\*\* : Private