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)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	F	or the 2	UUZ calendar year, or tax year period beginning UUL 1, 2002	and en	ding JUN 30	, 2	003	
В	CI	eck if	Please C Name of organization			D Emp	loyer i	dentification number
2004			use IRS					
		Address change	print or Community Teamwork, Inc.	<u>4 – 2:</u>	<u> 382027 </u>			
<u></u> [Name change	type See Number and street (or P.O. box if mail is not delivered to street address)	E Tele	phone	number		
7		Initial return	Specific 167 Dutton Street			(978)459-0551
FEB		Final return	Instruc- tions City or town, state or country, and ZIP + 4			F Acco	unting met	hod Cash X Accrual
 [Amende					Other (specify)	•
u		Applicat	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trus 	ts	H and I are not appl			tion 527 organizations.
₽ B		ponding	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group re			
	w	eh site	:▶N/A		H(b) If "Yes," enter nu			
ENVELOPE THE FEX D	0		tion type (check only one) ► X 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐	1 527	H(c) Are all affiliates i			N/A Yes No
		eck he			(If "No," attach a	list.)		
) -		ion need not file a return with the IRS; but if the organization received a Form 990 Pac		H(d) Is this a separate ganization cover			
(<u>)</u>	ın	-	il, it should file a return without financial data. Some states require a complete return	-	I Enter 4-digit GEI		group	Tomig. [100 [AL] NO
-						_	r020172	tion is not required to attach
	G	nee ran	seipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 53, 343, 43	^	Sch. B (Form 99		-	•
Ē			Revenue, Expenses, and Changes in Net Assets or Fund			0, 000	LL, 01	000117.
L	ra			Daia	11003	-		
		1	Contributions, gifts, grants, and similar amounts received:	4.				
(40)			Direct public support	1a	195,3	12		
3		0	Indirect public support	1b	•			
6		C	Government contributions (grants)	1c	52,779,7	∠0.		FO 07F 060
		d	Total (add lines 1a through 1c) (cash \$ 52,975,068. noncash \$)	1d	52,975,068.
8		2	Program service revenue including government fees and contracts (from Part VII, lin	e 93)			2	
		3	Membership dues and assessments			-	3	
		4	Interest on savings and temporary cash investments				4	
Щ		5	Dividends and interest from securities	1	1	-	5	
Z		6 a	Gross rents	6a				
SCANNED		b	Less: rental expenses	6b				
6		_ C	Net rental income or (loss) (subtract line 6b from line 6a)			,	6c	
•	e l	7	Other investment income (describe		(=) 0::		7	
	je l	8 a	Gross amount from sale of assets other (A) Securities		(B) Other			
	ě		than inventory	8a				
			Less: cost or other basis and sales expenses	<u>8b</u>				
	Į	C	Gain or (loss) (attach schedule)	8c			_	
	- 1	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			-	8d	
		9	Special events and activities (attach schedule)					
آ ا		315	Gress-revenue (not including \$ of contributions		1			
F				9a				
ಶ		D	Less: direct expenses other than fundraising expenses	9b				
834	F	EB	elegacome or (loss) from special events (subtract line 9b from line 9a)	1	1	-	9c	
		πora	Gross sales of inventory, less returns and allowances	10a				
Ĭ		MG	Less: cost of goods sold	10b	40.1			
L	7	<u>ح. د د د</u>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro	m line	10a)	}	10c	260 262
		11	Other revenue (from Part VII, line 103)			ł	11	368,362.
_	\dashv	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	53,343,430.
	S	13	Program services (from line 44, column (B))			-	13	50,952,187.
	Sc	14	Management and general (from line 44, column (C))				14	1,517,054.
	Expenses	15	Fundraising (from line 44, column (D))			ŀ	15	
1	Ŵ	16	Payments to affiliates (attach schedule)			-	16	FO 460 041
_	\dashv	17	Total expenses (add lines 16 and 44, column (A))			-	17	52,469,241.
	ţ2	18	Excess or (deficit) for the year (subtract line 17 from line 12)			Ì	18	874,189.
Ž	ssets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		OL - L	, }	19	1,075,202.
_	ĕ	20		ee	Statement	-	20	445,837.
2	2300	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	2,395,228.

- Part IV Balance Sheets

	There required, attached schedules and amouit nould be for end-of-year amounts only.	nts within the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		1,575,436.	AE	2,520,785
46		1,3/3,430.	45 46	2,320,763	
10	Oavings and temporary cash investments			40	
47	a Accounts receivable	47a 3,737,899.			
	b Less: allowance for doubtful accounts	47b	3,122,263.	47c	3,737,899
40	a Pledges receivable	40.			
40	Pledges receivable Less; allowance for doubtful accounts	48a 48b		48c	
49		400		49	
50				70	
"	and key employees			50	
2 51	a Other notes and loans receivable	51a		00	
S19554	b Less: allowance for doubtful accounts	51b		51c	
52	2 Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		78,110.	53	73,639
54	Investments - securities	Cost FMV		54	
55	a Investments - land, buildings, and				
	equipment: basis	55a			
1					
	b Less: accumulated depreciation	55b		55c	
56	Investments - other	1 1		56	
57	a Land, buildings, and equipment; basis	57a 4,759,039.			
	b Less: accumulated depreciation	576 1,409,679.	2,858,881.	57c	3,349,360
58	Other assets (describe	See Statement 4		58	767,966
59	Total assets (add lines 45 through 58) (must 6	7,634,690.	59	10,449,649	
60			1,779,067.	60	1,574,525
61				61	
62			1,643,903.	62	2,608,001
	B Loans from officers, directors, trustees, and ke	ey employees		63	
64	a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable		272,202.	64b	379,169
65	Other liabilities (describe	See Statement 5	2,864,316.	65	3,492,726
66	Total liabilities (add lines 60 through 65)		6,559,488.	66	8,054,421
	rganizations that follow SFAS 117, check here	X and complete lines 67 through	0,333,4001	"	0,001,122
"	69 and lines 73 and 74.	and domplete among a undergan			
8 67	7 Unrestricted		1,075,202.	67	2,395,228
68				68	
69				69	
E Or	ganizations that do not follow SFAS 117, check h	ere and complete lines			
[70 through 74.				
67 68 69 0r 70 70 71 72 72 73 73 75 75 75 75 75 75 75 75 75 75 75 75 75	Capital stock, trust principal, or current funds			70	
آر 71 ۾	Paid-in or capital surplus, or land, building, an	d equipment fund		71	
72	-			72	
g 73	•				
	column (A) must equal line 19; column (B) mu		1,075,202.	73	2,395,228
74	Total liabilities and net assets / fund balance	people, serves as the primary or sole source o	7,634,690.	74	10,449,649

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.

∣ Pa	rt IV-A Reconciliation of Revenu Financial Statements wit Return			iliation of Exp al Statements		
a	Total revenue, gains, and other support per audited financial statements	a 53,343,430.	a Total expenses and lo		▶ a 52,	469,241.
b	Amounts included on line a but not on line 12, Form 990:		b Amounts included on line 17, Form 990:			
(1)	Net unrealized gains		(1) Donated services and use of facilities	\$		
1"	on investments \$		(2) Prior year adjustment	·		
(2)	Donated services		reported on line 20,	•		
` '	and use of facilities \$		Form 990	\$		
(3)	Recoveries of prior		(3) Losses reported on			
	year grants \$		line 20, Form 990	\$		
(4)	Other (specify):		(4) Other (specify):	\$		
	Add amounts on lines (1) through (4)	ь 0.	Add amounts on lines	s (1) through (4)	▶ b	0.
C	Line a minus line b	c 53,343,430.	c Line a minus line b		▶ c 52,	469,241.
d	Amounts included on line 12, Form 990 but not on line a:		d Amounts included on 990 but not on line a			
(1)	Investment expenses		(1) Investment expenses			
	not included on		not included on			
	line 6b, Form 990 \$		line 6b, Form 990	\$		
(2)	Other (specify):		(2) Other (specify):			
_	\$.\$		_
	Add amounts on lines (1) and (2)	d 0.	1		► d	0.
е	Total revenue per line 12, Form 990		e Total expenses per lir	ne 17, Form 990		
Do	(line c plus line d) rt V List of Officers, Directors,	e 53,343,430.	(line c plus line d)	a aven if not compan		469,241.
Pa	rt V List of Officers, Directors,	irustees, and Key I	(B) Title and average hours	(C) Compensation		(E) Expense
	(A) Name and address		per week devoted to	(If not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ΚĄ	REN N. FREDERICK		EXECUTIVE DIR	ECTOR		
			4.0	00 504	7 202	_
T.7 T	TITAN E I TROUTEZ		40 CHIEF FINANCI	89,594.	7,383.	0.
ΜŢ.	LLIAM F. LIPCHITZ		CHIEF FINANCI	AL OFFICE	Γ.	
			40	87,947.	7,247.	0.
SE	E ATTACHED		140	077547.	7,22,0	
25.						
				0.	0.	0.
		· · · · · · · · · · · · · · · · · · ·				-
						·
				{		
	· · · · · · · · · · · · · · · · · · ·					
				}		
	<u> </u>			<u> </u>		
				-		
75	Did any officer disease to the second			<u> </u>		<u> </u>
	Did any officer, director, trustee, or key employee r					F 444 (555
	organizations, of which more than \$10,000 was pro	ovided by the related organiz	alions? If Yes, attach sched	uid. Yes	X No	Form 990 (200

		4-238202		Page 5
<u>Pa</u>	t VI Other Information		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?	77	·	X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78.	a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 78	b	<u> </u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79)	X
	If "Yes," attach a statement			
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?	80	a X	
b	If "Yes," enter the name of the organization See Stateme	<u>nt 6</u>		
	and check whether it is exempt or	nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	0.		
b	Did the organization file Form 1120-POL for this year?	81	ь	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less the	1ап		
	fair rental value?	82	a	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.)	/A		1
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83	b X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84	а	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	/A 84	ь	L
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	/A 85	a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	/A 85	b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for p	roxy tax		
	owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c N	'/A		
đ	Section 162(e) lobbying and political expenditures 85d N	'/A		
е	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	ļ	ļ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	/A 85	g	<u> </u>
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 estimates	ate of dues		
		/A 85	h	
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.)	/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	1	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:			
	section 4911▶	0.		ĺ
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	89	ь	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 Massachusetts			
b	Number of employees employed in the pay period that includes March 12, 2002			<u>510</u>
91	The books are in care of ► <u>Leanne Weldon</u> , <u>Controller</u> Telephone no. ►	(978) 45	9-05	51_
	Located at ► 167 Dutton St. Lowell, MA	ZIP+4 ► <u>018</u>	52	
			_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	1	▶ [
22304	and enter the amount of tax-exempt interest received or accrued during the tax year 92		/A	
22304 01-22-		F	orm 990	(2002)
	5			

04-2382027

Part VII Analysis of Income-Pr Note: Enter gross amounts unless otherwis	Llos	elated business income	Exclu	ded by section 512, 513, or 514	/E)
ndicated.	(A)	(B)	(C) Exclu-	(D)	(E) Related or exempt
93 Program service revenue:	Busines code	S Amount	sion	Amount	function income
a					
b					
C					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agend	eies				
Membership dues and assessments					
95 Interest on savings and temporary cash inv	estments				
96 Dividends and interest from securities					
Net rental income or (loss) from real estate:					<u> </u>
a debt-financed property					
b not debt-financed property					
Net rental income or (loss) from personal p	roperty				
9 Other investment income					
OO Gain or (loss) from sales of assets					
other than inventory			_		
11 Net income or (loss) from special events			ļ		
O2 Gross profit or (loss) from sales of inventor	У				
Other revenue:					250 250
a Other Revenue			 -		368,362
b			+	_	
C					
d					
e			+		260 260
Subtotal (add columns (B), (D), and (E))		0	•	0.	368,362 368,362
75 Total (add line 104, columns (B), (D), and		10.0.44		•	300,302
ote: Line 105 plus line 1d, Part I, should e	quai the amount on iin	e 12, Paπ ι nlichment of Evem	nt Dii	rnoces (See page 32 of the	instructions)
ine No Explain how each activity for which exempt purposes (other than by pr			a impor	tantily to the accomplishment	of the organization 5
exempt purposes (other than by pr			r AC	FNCV'S MISSIC	N
03 MISCELLANEOUS RE	VENUE USED_	IO SUPPORT IN	<u>e ac</u>	ENCI 5 MISSIC	/14
				·	
Part IX Information Regarding	Taxable Subsid	iaries and Disregar	ded E	ntities (See page 32 of the	instructions.)
(A)	(B)	(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity ov	Percentage of vnership interest	Nature of activities		Total income	End-of-year assets
parateromp, or disregarded ontity	%				
N/A	%				
11/12	%	******			
	%				
Part X Information Regarding		ciated with Persona	l Ben	efit Contracts (See page	je 33 of the instructions.)
(a) Did the organization, during the year, rece					Yes X N
(b) Did the organization, during the year, pay					Yes X N
Note: If "Yes" to (b), file Form 8870 and F					
Total to to to to the own our of and t		pmpanying schedules ar	nd statem	ents, and to the best of my knowled	ige and belief, it is true,
		ormation of which prepa	Dava .	IN R. Washburn	Transver
			Type or	print name and title	,,
			ate	Check if	Preparer's SSN or PTIN

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

2002

Employer identification number Community Teamwork, Inc. 04 2382027 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.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred compensation (e) Expense (a) Name and address of each employee paid (c) Compensation account and other more than \$50,000 position allowances JAMES HOULARES DIRECTOR 40 68,189 5,455 MARTHA R. CHILDS DIRECTOR 40 62,366 5,136 LEANNE WELDON CONTROLLER 62,084 5,136. MICHAEL MCDONOUGH DIRECTOR 61,826 5,094 DIRECTOR EILEEN HEALEY 60,552 4.940 Total number of other employees paid over \$50,000 Part II 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 TRACKER SYSTEMS INC. COMPUTER 186 MAIN STREET, MALBORO, MA 01752 CONSULTING 53,155. HOLLAND AND KNIGHT 10 ST. JAMES AVENUE BOSTON, MA 02116 58,508. LEGAL DANIEL DENNIS & COMPANY 116 HUNTINGTON AVE BOSTON, MA 02116 AUDIT 72,136. Total number of others receiving over \$50,000 for professional services

LHA

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

Part III Statements About Activities (See page 2 of the instructions.)		Yes	1
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			Г
public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the]	l
lobbying activities \$ \$\$ (Must equal amounts on line 38, Part VI-A,			Ì
or line i of Part VI-B.)	1	X	├
Organizations that made an election under section 501(h) by filling 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. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			ı
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such		[l
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.)		1	l
a Sale, exchange, or leasing of property?	2a_		L
b Lending of money or other extension of credit?	2b		
b Lending of money of other extension of create	20		ŀ
c Furnishing of goods, services, or facilities?	2c		H
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		ļ
e Transfer of any part of its income or assets?	2e		
Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3		
Do you have a section 403(b) annuity plan for your employees?	4		t
ote: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans	1	l .	_
om it in furtherance of its charitable programs "qualify" to receive payments			
Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)			
ne 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			
O 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.)			
1a 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.)			
1b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2 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.)			
3 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described.	ribed 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)		ie num	
(a) manually or deprivation (a)	111	om abo)V
			_
			-
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			_

Total support for section 509(a)(2) test: Enter amount on line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27<u>g</u> N/A h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) N/A27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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. 223121 01-22-03 None

Schedule A (Form 990 or 990-EZ) 2002 Community Teamwork, Inc

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)
ı۵	organization have a racially nondiscriminatory nolicy toward students by statement in its charter, bylaws, other governing

Does the organization multiple a statement of its governing body? 30 Does the organization include a statement of its racelly 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 drumg the period of societation 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 statf? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all ratellogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 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 privilegies? 33 Employment of faculty or administrative staff? 34 Scholarships or other financial assistance? 35 Employment of faculty or administrative staff? 36 Scholarships or other financial assistance? 37 Employment of faculty or administrative staff? 38 Copies the organization receive any financial aid or assistance from a governmental agency? 39 Has the organization receive any financial aid or assistance from a governmental agency? 30 Has the organization certify that it has complete with the applicable requirements of sections 4.01 through 4.05 o	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing			
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		If you answered "Yes" to either 34a or b, please explain using an attached statement.			
1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	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		

Schedule A (Form 990 or 990-EZ) 2002

		Expenditures by El	Teamwork, 1) ecting Public Chari nization that filed Form 5768	i ties (See pa	ge 9 of	the instructions.)	04	N/A
Ch		ation belongs to an affiliated			vou cho	cked "a" and "limited	control*	provisions apply
<u> </u>	Li	mits on Lobbying	Expenditures		you circ	(a) Affiliated group totals		(b) To be completed for ALL electing organizations
	(The ter	iii experiorures means am	ounts paid of incurred.)		Γ.	N/A		Joseph January Company
36	Total lobbying expenditures t	o influence nublic opinion (i	arassroots Johhving)		36	N/A		
37		, , ,	- • • • • • • • • • • • • • • • • • • •		37			
38	Total lobbying expenditures (, (a oo: 1020)g,		38			
39	Other exempt purpose expen	•			39			
40)		40			
41	Lobbying nontaxable amount	. Enter the amount from the	following table -					
	If the amount on line 40 is -	The lobbyi	ng nontaxable amount is -					
	Not over \$500,000	20% of the ar	mount on line 40)				
	Over \$500,000 but not over \$1,000	0,000 \$100,000 plu	s 15% of the excess over \$500,00	00				
	Over \$1,000,000 but not over \$1,5	00,000 \$175,000 plus	s 10% of the excess over \$1,000,	000	41			
	Over \$1,500,000 but not over \$17,	000,000 \$225,000 plus	s 5% of the excess over \$1,500,0	00				
	Over \$17,000,000	\$1,000,000		J				
42	Grassroots nontaxable amou	,			42			
43					43			
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more	than line 38		44			<u> </u>
	Cautians If there is an amo	vint on oither line 12 or l	una 44 yayı miyat fila Farm	4720				
_	Caution: If there is an amo	out on eliner line 45 or ii	rie 44, you must me rom	14720.	ll			
	endar year (or	(a)	(b)	(c)		ar Averaging Period		N/A
	al year beginning in)	2002	2001	2000) 	1999		Total
45	Lobbying nontaxable amount							0.
46	Lobbying ceiling amount							
	(150% of line 45(e))							0.
47	Total lobbying							
	expenditures							0.
48	Grassroots nontaxable							0.
40	amount Grassroots ceiling amount			·				· ·
73	(150% of line 48(e))							0.
50	Grassroots lobbying							
	expenditures							0.
P	art VI-B Lobbying /	Activity by Noneled	ting Public Chariti	es				
	(For reporting o	nly by organizations that di	d not complete Part VI-A) (S	ee page 11 of tl	he ınstrı	uctions.)	,	
Dui	ring the year, did the organizati	on attempt to influence nati	onal, state or local legislatior	n, including any	attemp	t to Yes	No	Amount
ınfl	uence public opinion on a legis	slative matter or referendum	, through the use of:			100		Allivant
a	Volunteers					<u> </u>	X	
b	Paid staff or management (In	clude compensation in expe	enses reported on lines c thro	ough h .)		<u> </u>	X	
C	Media advertisements						X	
d	Mailings to members, legislate						X	
e	Publications, or published or						X	
f	Grants to other organizations		fficials on a lacialistics to 1			77	X	C COO
9	Direct contact with legislators			100		X	X	6,600.
h	Rallies, demonstrations, sem Total lobbying expenditures (s, rectures, or any other mea	เมร		 	_ A	6,600.
•	If "Yes" to any of the above, a		g a detailed description of th	e lobbyina activ	vities.	<u> </u>	See	Statement 8
223	141 22-03	3		, , , , , , , , , , , , , , , , , , , ,		Sc		A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002

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Schedule	A (Form 990 or 990-EZ) 2002	² Community Teamw	ork. Inc.	0.4	-2382027	Page 6
Part \	/II Information Reg	garding Transfers To and	Transactions and	Relationships With Nonch		
		zations (See page 12 of the instri		•		
51 Di	•	lirectly or indirectly engage in any of t		organization described in section		
		section 501(c)(3) organizations) or in		-		
		ganization to a noncharitable exempt		· ·	Ye	s No
(i) Cash	,	•		51a(i)	X
•) Other assets				a(ii)	Х
	her transactions:				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
		ets with a noncharitable exempt organ	nization		b(i)	X
	•	noncharitable exempt organization	nzacion		b(ii)	X
•) Rental of facilities, equipme	· -			b(iii)	X
•) Reimbursement arrangeme				b(iv)	X
) Loans or loan guarantees	sinto			b(v)	X
	-	membership or fundraising solicitati	one		b(vi)	X
					6	$\frac{x}{x}$
		mailing lists, other assets, or paid er	• •	turning all and the farm montred value of the		<u> </u>
				Ilways show the fair market value of the		
		s given by the reporting organization.			NT /	7
		nent, show in column (d) the value of	the goods, other assets, or		N/	<u>A</u>
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions,	and sharing arrang	ements
Ellio IIO.	7 III O O II I	Name of nondianable exc		besorption of translers, transactions	and onaring arrang	
			-			
	,					
_						
				<u></u>		
			·			
-						
52 a Is	the organization directly or in	directly affiliated with or related to o	ne or more tax-exempt org	anizations described in section 501(c) o	f the	
	de (other than section 501(c)	· · ·	mo or more tax exempt org.	>		X No
	Yes," complete the following :			_		
	(a		(b)	(c)		
	Name of org		Type of organization	Description of rela	tionship	
			-			
	···		 			
					·	
<u>-</u>						
						
			<u> </u>			

·,					
Form 990 Other C	hanges in Net	Assets or Fund	l Balances	Statement	1
Description				Amount	
Represents loans receiv prior year financial st		as expenses in	ı the	445,8	37.
Total to Form 990, Part	I, line 20			445,8	37.
Form 990	Othe	r Expenses		Statement	2
	(A)	(B) Program	(C) Management	(D)	
Description	Total	Services	and General	Fundraisi	ng
Client Payments Food Expense Facility Costs Program Consultants Professional Fees Training Program support costs Stipends Client Transportation Bad Debt Total to Fm 990, ln 43	32,523,467. 257,590. 1,692,845. 966,257. 259,533. 145,294. 180,736. 436,289. 158,241. 105,573.	32,523,467. 257,590. 1,566,359. 922,230. 228,659. 139,487. 180,736. 436,289. 158,241. 105,573. 36,518,631.	126,486. 44,027. 30,874. 5,807.		
Form 990	Other Pr	ogram Services	3	Statement	3
Description			Grants and Allocations	Expenses	
Local initiative Homeless services and a Community services	dvocacy			2,116,6 1,020,0 697,8	21.
Total to Form 990, Part	III, line e	_		3,834,5	50.

					
Form 990	Other Asse	ts	St	atement	<u> </u>
					<u> </u>
Description				Amount	
Notes reveivable Escrow deposits				598,29 169,60	
Total to Form 990, Part IV, li	ne 58, Column	В		767,9	56. —
Form 990 O	ther Liabilit	ies	St	atement	5
Description				Amount	
Other Current Liabilities Accrued Vacation Notes Payables (Noncurrent Lia	abilities)			771,13 548,33 2,173,2	30.
Total to Form 990, Part IV, li	ne 65, Column	В		3,492,7	26.
Form 990 Identifica	tion of Relat Part VI, Lin		ions St	atement	6
Name of Organization			Exempt	NonExe	mpt
MECHANICS HALL CORPORATION MERRIMACK VALLEY HOUSING SERVI	CES INC.		X X		
Schedule A	Other Inc	ome	St	atement	7
Description	2001 Amount	2000 Amount	1999 Amount	1998 Amount	
SPECIAL EVENT COMMERCIAL ACTIVITIES	0. 132,561.	0.	0.	-2	66.
Total to Schedule A, line 22	132,561.	0.	0.	-2	66.

Schedule A Statement of Lobbying Activities - Part VI-B

Statement

MEETINGS WITH STATE LEGISLATORS AND THEIR STAFF REGARDING LEGISLATION SPECIFIC TO THE ORGANIZATION'S PROGRAMS.

Community Teamwork, Inc. Tax Depreciaiton June 30, 2003

	Cost	A/D Beg Yr	Disposals	Depr. Exp.	A/D End Yr
Land	512,460	1	ı	4	1
Building	2,197,083	552,265	•	100,924	653,189
Building improvement	1,971,579	631,561	•	100,558	732,119
Computer equipment	77,917	13,115	1	11,256	24,371
Total	4,759,039	1,196,941		212,738	1,409,679

COMMUNITY TEAMWORK, INC. BOARD OF DIRECTORS (As of October, 2003)

Thomas A. Joyce	President
Rita O'Brien Dee	Vice President
Donald R. Washburn	Treasurer
Germaine Vigeant Trudel	Assistant Treasurer
Marie P. Sweeney	Clerk

*: Low-Income **: Public ***: Private

*LATINOS EN ACCION

Jose Aleiandro 20 Fernald Street Lowell, MA 01851 (

Apptd. 2/00

Phone: 978-275-0553 (Pager: 488-2332)

)

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Lowell, MA 01853-0254

**BILLERICA BOARD OF SELECTMEN

Thomas H. Conway, Jr. 18 Hampstead Avenue No. Billerica, MA 01862

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*HEAD START POLICY COUNCIL

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*PROGRAM PARTICIPANT

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***MERRIMACK VALLEY HOUSING

PARTNERSHIP Thomas A. Joyce 18 A Street Lowell, MA 01851

(Self-Employed)

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978-937-8006 (B) Fax: 978-459-3196

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***NORTHEAST INDEPENDENT LIVING

PROGRAM

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**WESTFORD BOARD OF SELECTMEN

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978-371-6688 (B)

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Email: b.martin@ebmdattorneys.com Mailing address: Eno, Boulay, Martin and Donahue, LLP, 21 George Street, Lowell,

MA 01852

*LOWER HIGHLANDS

Catherine M. Mavnard 35 Gates Street Lowell, MA 01851 (Domestic Engineer)

Elected 5/79

Phone (and FAX) 978-454-3413 Email: grnthumb50@mediaone.net

**CITY OF LOWELL

Dennis Mercier 13 Endicott Street Lowell, MA 01854

Phone: 978-937-3501, X128

Fax: 978-937-3509

Email:

Mailing address: Lowell Housing

Authority, 350 Moody Street, Lowell, MA

01854

*CHELMSFORD/TEWKSBURY COUNCILS

ON AGING Rita O'Brien Dee 7 Lloyd Street Tewksbury, MA 01876 (Retired) Apptd. 10/96

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Email:

**DRACUT BOARD OF SELECTMEN

Gerald A. Surprenant 79 Janice Avenue Dracut, MA 01826 (Retired) Apptd. 9/02

Phone: 978-957-1386 Email: GASRAS@aol.com

**TEWKSBURY BOARD OF SELECTMEN

Marie P. Sweeney **51 Fiske Street**

No. Tewksbury, MA 01876-1115

(Community Activist)

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***MERRIMACK VALLEY BRANCH/NAACP

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

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Email:

**CITY OF LOWELL

Rithy Uong 93 Newbridge Road Lowell, MA 01854

Apptd. 1/02

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Email:

***SUITABILITY

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Apptd. 5/03

Phone: 978-459-9899

Email: germaine@prospeed.net

Mailing address: c/o Lowell Development and Financial Corporation, 11 Kearney

Square, Lowell, MA 01852

**CHELMSFORD BOARD OF SELECTMEN

Martin J. Walsh Chelmsford Council on Aging 75 Groton Road No. Chelmsford, MA 01863 (Director, Council on Aging) Apptd. 1/95

Phone: 978-251-8788 (B)

Fax: 978-251-1123

Email:

***GREATER LOWELL BANKING COUNCIL

Donald R. Washburn
49 Spring Street
Wakefield, MA 01880
(Banker)
Apptd. 1/00
Phone: 978-446-9340 (B)

Phone: 978-446-9340 (B) / 781-246-

1075 (H)

Fax: 978-446-9343

Email: don wash@yahoo.com

Mailing address: MassBank, 50 Central

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Atty. Daniel J. Wilkins 173 Chelmsford Street Chelmsford, MA 01824 (Attorney) Apptd. 9/01 – Reinstated 4/02

Appto. 9/01 – Reinstated 4/0 Phone: 978-250-4424 (B) /

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(CTI BOARD AS OF OCTOBER 2003)