


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 page 22 of 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	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	280,465		280,465	
26	Other salaries and wages	26	11,608,498	10,672,452	926,247	9,799
27	Pension plan contributions	27				
28	Other employee benefits	28	2,288,202	2,080,496	206,304	1,402
29	Payroll taxes	29	1,355,871	1,240,502	114,424	945
30	Professional fundraising fees	30				
31	Accounting fees	31	60,438		60,438	
32	Legal fees	32	64,147		64,147	
33	Supplies	33	416,598	377,748	36,806	2,044
34	Telephone	34	169,666	144,051	25,615	
35	Postage and shipping	35	97,557	91,939	5,484	134
36	Occupancy	36	1,228,589	1,158,436	70,153	
37	Equipment rental and maintenance	37	73,481	93,024		
38	Printing and publications	38	45,124	30,242	14,196	686
39	Travel	39	166,132	163,944	2,188	
40	Conferences, conventions, and meetings	40	145,268	139,349	5,919	
41	Interest	41	115,216	113,120	2,096	
42	Depreciation, depletion, etc. (attach schedule) 	42	237,158	199,353	37,805	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	59,883,272	56,986,936	2,850,935	45,401






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

Part III

Statement of Program Service Accomplishments (See page 25 of the instructions.)


What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> COMMUNITY DEVELOPMENT		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a	<div></div> <div></div> <div></div> <div>(Grants and allocations \$)</div>	
b	<div></div> <div></div> <div></div> <div>(Grants and allocations \$)</div>	
c	<div></div> <div></div> <div></div> <div>(Grants and allocations \$)</div>	
d	<div></div> <div></div> <div></div> <div>(Grants and allocations \$)</div>	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) <input checked="" type="checkbox"/>	56,986,936

Part IV Balance Sheets (See page 25 of 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		3,911,910	45	4,016,285		
	46	Savings and temporary cash investments			46			
	47a	Accounts receivable	47a	3,181,672				
	b	Less allowance for doubtful accounts	47b		3,241,882	47c	3,181,672	
	48a	Pledges receivable	48a					
	b	Less allowance for doubtful accounts	48b			48c		
	49	Grants receivable				49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50		
	51a	Other notes and loans receivable (attach schedule)	51a					
	b	Less allowance for doubtful accounts	51b			51c		
	52	Inventories for sale or use				52		
	53	Prepaid expenses and deferred charges		83,533	53		142,148	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54		
	55a	Investments—land, buildings, and equipment basis	55a					
	b	Less accumulated depreciation (attach schedule)	55b			55c		
	56	Investments—other (attach schedule)				56		
	57a	Land, buildings, and equipment basis	57a	5,139,674				
	b	Less accumulated depreciation (attach schedule)	57b	1,695,408	3,793,763	57c	 3,444,266	
	58	Other assets (describe  _____)		1,281,658	58	 1,405,311		
	59	Total assets (add lines 45 through 58)(must equal line 74)		12,312,746	59		12,189,682	
	Liabilities	60	Accounts payable and accrued expenses		2,151,969	60		1,812,234
		61	Grants payable			61		
		62	Deferred revenue		2,915,723	62		3,094,242
63		Loans from officers, directors, trustees, and key employees (attach schedule)				63		
64a		Tax-exempt bond liabilities (attach schedule)				64a		
b		Mortgages and other notes payable (attach schedule)		2,823,825	64b		2,319,212	
65		Other liabilities (describe  _____)		1,500,646	65	 2,475,029		
66		Total liabilities (add lines 60 through 65)		9,392,163	66		9,700,717	
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		2,920,583	67		581,029	
	68	Temporarily restricted			68		1,907,936	
	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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,920,583	73		2,488,965	
	74	Total liabilities and net assets / fund balances (add lines 66 through 73)		12,312,746	74		12,189,682	

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  ☐ Yes ☒ No

If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)		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	No
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	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
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	No
80a	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	Yes
b	If "Yes," enter the name of the organization  See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	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	No
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	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	No
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
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? 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 the prior year	85b	
c	Dues assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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	No
89a	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	No
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 		
90a	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, 2004 (See instructions)	90b	429
91	The books are in care of  LEANNE GEORGE CONTROLLER Telephone no  9784590551 167 DUTTON ST Located at  LOWELL, MA ZIP + 4  01852		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 	92	

Part VII

Analysis of Income-Producing Activities (See page 33 of 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	59,776	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non 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 OTHER REVENUE					254,900
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				59,776	254,900
105	Total (add line 104, columns (B), (D), and (E))					314,676

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

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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)
103	MISCELLANEOUS REVENUE USED TO SUPPORT THE AGENCY'S MISSION

Part IX

Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
	%			
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

2006-01-25

Date

KAREN FREDERICK EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Raymond L Anstiss Jr

Date

2005-12-20

Check if self-employed

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4

Anstiss & Co PC

21 George Street

Lowell, MA 01852

EIN

Phone no

9784522500

Form 990 (2004)

SCHEDULE A
(Form 990 or 990EZ)

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—(See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization COMMUNITY TEAMWORK INC	Employer identification number 04-2382027
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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
MARTHA R CHILDS 167 DUTTON ST LOWELL, MA 01852	DIRECTOR 40	65,052	8,539	
MICHAEL M MCDONOUGH 167 DUTTON ST LOWELL, MA 01852	ASSOC DIR 40	64,740	10,801	
EILEEN P HEALEY 167 DUTTON ST LOWELL, MA 01852	ASSOC DIR 40	66,880	8,688	
LEANNE GEORGE 167 DUTTON ST LOWELL, MA 01852	CONTROLLER 40	67,545	5,908	
MICHAEL K KENDRICK 167 DUTTON ST LOWELL, MA 01852	IT DIRECTOR 40	62,787	11,062	
Total number of other employees paid over \$50,000 ➤	24			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
DANIEL DENNIS COMPANY 116 HUNTINGTON AVENUE BOSTON, MA 02116	AUDIT	63,038
Total number of others receiving over \$50,000 for professional services ➤		

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, include 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 1 of Part VI-B)	1	No
	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 property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e	Transfer of any part of its income or assets?	2e	No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	58,910,433	52,975,068	47,318,420	45,083,074	204,286,995
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		44,296	76,179	82,034	202,509
18	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		37,655	34,866	80,045	152,566
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	443,275	286,411	132,561		862,247
23	Total of lines 15 through 22	59,353,708	53,343,430	47,562,026	45,245,153	205,504,317
24	Line 23 minus line 17	59,353,708	53,299,134	47,485,847	45,163,119	205,301,808
25	Enter 1% of line 23	593,537	533,434	475,620	452,452	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	4,106,036
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	0
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	205,301,808
d	Add Amounts from column (e) for lines 18 152,566 19 0 22 26 b 0				26d	1,014,813
e	Public support (line 26c minus line 26d total)				26e	204,286,995
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	9950 57 %
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 (2003) (2002) (2001) (2000)					
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 11, 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 (2003) (2002) (2001) (2000)					
c	Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d	Add Line 27a total and line 27b total				27d	
e	Public support (line 27c total minus line 27d total)				27e	
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	
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 7 of the instructions.)


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

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?	29	Yes	No
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?	30		
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)	31		
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
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	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 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	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div><div>Not over \$500,000</div><div>Over \$500,000 but not over \$1,000,000</div><div>Over \$1,000,000 but not over \$1,500,000</div><div>Over \$1,500,000 but not over \$17,000,000</div><div>Over \$17,000,000</div></div><div><div>20% of the amount on line 40</div><div>\$100,000 plus 15% of the excess over \$500,000</div><div>\$175,000 plus 10% of the excess over \$1,000,000</div><div>\$225,000 plus 5% of the excess over \$1,500,000</div><div>\$1,000,000</div></div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 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	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
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 .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
 - (ii) Other assets
- Other transactions
- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule

[illegible]

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2004

Attachment
Sequence No **67**

Name(s) shown on return
COMMUNITY TEAMWORK INC

Business or activity to which this form relates

Form 990 Page 2

Identifying number

04-2382027

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 .►	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	5,400
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	235,998
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution:See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No

24b If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
Vehicle-Van	2003-09-01	100 000 %	32,814	32,814	5 0	S/L-HY	5,400	
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	5,400	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total Business/investment miles driven during the year (do not include commuting miles- See page 2 of the instructions)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 10 of the instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (Se page 10 of the instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) A mortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 A mortization of costs that began before your 2004 tax year				43	
44 Total. Add amounts in column (f) See page 12 of the instructions for where to report				44	

TY 2004 Other Changes in Net Assets Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

Description	Amount
PRIOR PERIOD ADJUSTMENT FOR ACCRUED VACATION	-178,471

TY 2004 Depreciation and Depletion Schedule**Name:** COMMUNITY TEAMWORK INC**EIN:** 04-2382027

Asset	Amount
Building	59,927
Building	16,625
Building- Pawtucket	11,024
Building-Merrimack Street	8,611
Computer Equipment	981
Playground-Equipment	2,729
Building Improvement	90,223
Building Improvement-Pawtucket	730
Building Improvement-Rug	3,384
Equipment(Copier)	1,140
Equipment(Hardware)	1,065
Equipment-Card Readers	1,604
Equipment-Server	2,938
Equipment-Public Address System	1,307
Equipment-New phone System	1,630

Asset	Amount
Equipment-Server(Cash Flow Laese)	20,768
Vehicle-Van	6,563
Building Improvement Carpet 2nd Floor Fiscal Office	512
Building - 360 Pawtucket development cost	1,053
Building 423 Broadway development cost	2,334
Building 423 Broadway development cost	1,392
Decks for 423 Broadway	621

TY 2004 Land etc. Schedule**Name:** COMMUNITY TEAMWORK INC**EIN:** 04-2382027

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	300,000		300,000
Land	142,500		142,500
Land - Pawtucket	151,949		151,949
Land - Merrimack Street	48,362		48,362
Building	1,198,543	599,271	599,272
Building	332,500	40,177	292,323
Building- Pawtucket	220,475	11,943	208,532
Building-Merrimack Street	172,210	8,611	163,599
Computer Equipment	11,005	11,005	
Computer Equipment	5,885	5,885	
Playground-Equipment	27,292	9,552	17,740
Building Improvement	1,804,457	902,229	902,228
Building Improvement-Pawtucket	14,600	791	13,809
Building Improvement-Rug	16,920	3,948	12,972
Equipment(Copier)	5,700	4,560	1,140

Category / Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Equipment(Hardware)	5,324	2,840	2,484
Equipment-Card Readers	8,022	4,011	4,011
Equipment-Server	14,689	6,121	8,568
Equipment-Public Address System	13,067	2,178	10,889
Equipment-New phone System	16,300	2,038	14,262
Equipment-Server(Cash Flow Laese)	103,839	62,304	41,535
Vehicle-Van	32,814	12,032	20,782
Land - 9 Sagamore st	70,000		70,000
Land - 344 Pawtucket St	75,000		75,000
Land -9 Sagamore St Closing cost appraisal fees other cost during ac	15,607		15,607
Land - 344 Pawtucket St Closing cost appraisal fees other acquisitio	17,309		17,309
Building 767 Merrimack st Other costs to make the building habitable	59,226		59,226
Interest on the loan used to purchase 767 Merrimack St	702		702
Building Improvement Carpet 2nd Floor Fiscal Office	7,681	512	7,169
Copier - 2 Konica C350	17,444		17,444

Category / Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Development cost relating to 767 Merrimack project	9,496		9,496
Building - 360 Pawtucket development cost	21,069	1,053	20,016
Building 423 Broadway development cost	46,676	2,334	44,342
Building 423 Broadway development cost	27,839	1,392	26,447
Decks for 423 Broadway	13,547	621	12,926
Building improvement	111,625		111,625

TY 2004 Other Assets Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

Description	Beginning of Year Amount	End of Year Amount
NOTES RECEIVABLES-NET	979,302	968,810
ESCROW DEPOSITS	302,356	316,755
GLCF ENDOWMENT FUND		119,746

TY 2004 Other Liabilities Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

Description	Beginning of Year Amount	End of Year Amount
OTHER CURRENT LIABILITIES	916,513	1,883,953
ACCRUED VACATION	584,133	591,076

TY 2004 Other Income Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

Description	2003	2002	2001	2000	Total
OTHER	443,275	286,411	132,561		862,247

Additional Data

Software ID:
Software Version:
EIN: 04-2382027
Name: COMMUNITY TEAMWORK INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Client payments	43a	38,707,444	38,611,819	95,625	
b FOOD EXPENSE	43b	275,955	253,089	13,268	9,598
c CLIENT TRANSPORTATION	43c	482,974	482,944	30	
d PROGRAM CONSULTANT	43d	809,876	769,775	37,001	3,100
e EQUIPMENT EXPENSES	43e	168,882	129,204	38,208	1,470
f CONSTRUCTION	43f	25,344	25,115	229	
g INSURANCE	43g	47,003	31,092	15,911	
h DUES AND MEMBERSHIP	43h	44,966	44,773	193	
i RECRUITING AND ADVERTISING	43i	60,154	58,840	964	350
j BOOKS AND PUBLICATIONS	43j	34,955	33,911	1,044	
k PARENT ACTIVITIES	43k	31,556	31,556		
l RESERVE FOR LOSS FROM LITIGATION	43l	780,184		780,184	
m MISCELLANEOUS	43m	61,569	10,162	35,534	15,873

Form 990, Part III - Program Service Accomplishments:

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 ASSISTANCE AND HOMEBUYER COUNSELING (Grants and allocations \$)	24,692,028
b	CHILD AND FAMILY SERVICES-TO ASSIST NEEDY FAMILIES FIND CHILD CARE SERVICES AND TO PROVIDE LOW INCOME FAMILIES WITH DAY CARE ASSISTANCE COUNSELING AND NUTRITIOUS MEALS (Grants and allocations \$)	12,605,886
c	PARENTS RESOURCES AND TRAINING- TO PROVIDE LOW INCOME FAMILIES WITH EARLYCHILDHOOD DEVELOPMENT SERVICES (Grants and allocations \$)	10,989,017
d	ENERGY- TO PROVIDE SHELTER FUEL AND UTILITY SERVICES TO LOW INCOME FAMILIES (Grants and allocations \$)	5,585,998
e	LOCAL INITIATIVE (Grants and allocations \$)	2,163,381
f	COMMUNITY SERVICES (Grants and allocations \$)	950,626

Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees:

(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	(E) Expense account and other allowances
KAREN N FREDERICK 167 DUTTON STREET LOWELL,MA 01852	EXECUTIVE DIRECTOR 40	109,683	18,216	
WILLIAM F LIPCHITZ 167 DUTTON STREET LOWELL,MA 01852	DEPUTY EXECUTIVE DIR 40	98,749	8,479	
WILLIAM REIS 167 DUTTON STREET LOWELL,MA 01852	CHIEF FINANCIAL OFFI 40	72,033	6,762	
RITA OBRIEN DEE 167 DUTTON STREET LOWELL,MA 01852	VICE PRESIDENT 1	0		
THOMAS A JOYCE 167 DUTTON STREET LOWELL,MA 01852	PRESIDENT 1	0		
DONALD R WASHBURN 167 DUTTON STREET LOWELL,MA 01852	TREASURER 1	0		
GERMAINE VIGEANT TRUDEL 167 DUTTON STREET LOWELL,MA 01852	ASSISTANT TREASURER 1	0		
MARIE P SWEENEY 167 DUTTON STREET LOWELL,MA 01852	CLERK 1	0		
MARTY CONWAY 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
THOMAS CONWAY JR 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
KEVIN DONOVAN 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
RODNEY ELLIOT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
BETH FOX 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
ANDREA GAUNTLETT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
THIRITH HUT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
GLORIA JOHNSON 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
TYLER JONES 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
JAMES LYONS JR 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
MADONNA MCKKENZIE 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
CATHERINE MAYNARD 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
JAMES MILLINAZZO 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
ALMA REEVES 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
GERALD SURPRENANT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
MARTIN WALSH 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
ATTY DANIEL WILKINS 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
SHEILA OCH 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		
THOMAS THACH 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 1	0		

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
MERRIMACK VALLEY HOUSING SERVICES INC	X	
MECHANICS HALL CORPORATION	X	
COMMUNITY HOUSING INC	X	
COMMON GROUND DEVELOPMENT CORPORATION	X	