

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization COMMUNITY TEAMWORK INC	
	Number and street (or P O box if mail is not delivered to street address) 167 DUTTON STREET	Room/suite
	City or town, state or country, and ZIP + 4 LOWELL, MA 01852	

D Employer identification number
04-2382027

E Telephone number
(978) 459-0551

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

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

Organization type (check only one) ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K 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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **62,392,749**

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ _____

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	638,601			
	b	Indirect public support	1b	1,778,212			
	c	Government contributions (grants)	1c	59,673,132			
	d	Total (add lines 1a through 1c) (cash \$ <u>62,089,945</u> noncash \$ _____)			1d	62,089,945	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .			2	194,018	
	3	Membership dues and assessments			3		
	4	Interest on savings and temporary cash investments			4	88,856	
	5	Dividends and interest from securities			5	8,769	
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c		
	7	Other investment income (describe ►)			7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	Expenses	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				
d		Net gain or (loss) (combine line 8c, columns (A) and (B))			8d		
9		Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>					
a		Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b		Less direct expenses other than fundraising expenses	9b				
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	11,161	
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	62,392,749	
Expenses		13	Program services (from line 44, column (B))			13	59,817,044
		14	Management and general (from line 44, column (C))			14	2,070,274
	15	Fundraising (from line 44, column (D))			15	44,604	
	16	Payments to affiliates (attach schedule)			16		
	17	Total expenses (add lines 16 and 44, column (A))			17	61,931,922	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	460,827	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,488,965	
	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	2,949,792	

Part II

Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	324,719	324,719	
26	Other salaries and wages	26	11,393,967	10,516,871	9,764
27	Pension plan contributions	27	797,709	707,860	781
28	Other employee benefits	28	1,601,242	1,471,326	931
29	Payroll taxes	29	1,322,979	1,215,284	915
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	1,232,746	1,131,131	6,365
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	95,089	94,702	387
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	229,501	182,989	46,512
43	Other expenses not covered above (itemize)				
a	CONSULTANTS	43a	87,121	87,121	
b	CLIENT PAYMENTS	43b	41,714,916	41,714,916	
c	CONTRACT SERVICES	43c	469,641	425,669	4,000
d	OTHER PROGRAM EXPENSES	43d	1,667,915	1,551,119	10,880
e	OTHER ADMINISTRATIVE EXPENSES	43e	994,377	718,056	10,968
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	61,931,922	59,817,044	44,604

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 the instructions.)

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

What is the organization's primary exempt purpose? ► COMMUNITY DEVELOPMENT	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
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.)	
a See Additional Data Table	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	59,817,044

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing		4,016,285	45	3,527,841	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a	3,594,859	3,181,672	47c	3,429,351
	b	Less allowance for doubtful accounts	47b	165,508			
	48a	Pledges receivable	48a		48c		
	b	Less allowance for doubtful accounts	48b				
	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	1,167,369	51c	1,052,369	
	b	Less allowance for doubtful accounts	51b	115,000			
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		142,148	53	104,678	
	54	Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55a	Investments—land, buildings, and equipment basis	55a		55c		
	b	Less accumulated depreciation (attach schedule)	55b				
	56	Investments—other (attach schedule)			56		
	57a	Land, buildings, and equipment basis	57a	5,177,131	3,444,266	57c	3,269,180
	b	Less accumulated depreciation (attach schedule)	57b	1,907,951			
	58	Other assets (describe <input checked="" type="checkbox"/>)		1,405,311	58	<input checked="" type="checkbox"/>	352,953
59	Total assets (must equal line 74) Add lines 45 through 58		12,189,682	59		11,736,372	
Liabilities	60	Accounts payable and accrued expenses		1,812,234	60	1,983,836	
	61	Grants payable			61		
	62	Deferred revenue		3,094,242	62	2,713,418	
	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)		2,319,212	64b	2,307,386	
	65	Other liabilities (describe <input checked="" type="checkbox"/>)		2,475,029	65	<input checked="" type="checkbox"/>	1,781,940
	66	Total liabilities Add lines 60 through 65		9,700,717	66		8,786,580
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		581,029	67	653,976	
	68	Temporarily restricted		1,907,936	68	2,295,816	
	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)		2,488,965	73		2,949,792
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		12,189,682	74		11,736,372

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return <i>(See the instructions.)</i>					
a	Total revenue, gains, and other support per audited financial statements			a	62,392,749
b	Amounts included on line a but not on line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	62,392,749
d	Amounts included on line 12, but not on line a				
1	Investment expenses not included on line 6b	d1			
2	Other (specify) _____	d2			
	Add lines d1 and d2			d	
e	Total revenue (line 12) Add lines c and d ▶			e	62,392,749

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
a	Total expenses and losses per audited financial statements			a	61,931,922
b	Amounts included on line a but not on line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on line 20	b2			
3	Losses reported on line 20	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	61,931,922
d	Amounts included on line 17, but not on line a :				
1	Investment expenses not included on line 6b	d1			
2	Other (specify) _____	d2			
	Add lines d1 and d2			d	
e	Total expenses (line 17) Add lines c and d ▶			e	61,931,922

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) <i>(See the instructions.)</i>				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .			75b	No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			75c	No
d	Does the organization have a written conflict of interest policy?			75d	Yes

Part V-B

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		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

Part VI

Other Information (continued)

Yes

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?

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 the prior year.

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, 2005 (See instructions).

90b

417

91a

The books are in care of LEANNE GEORGE CONTROLLER Telephone no (978) 459-0551

167 DUTTON ST

Located at LOWELL, MA ZIP + 4 01852

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

Yes

No

If "Yes," enter the name of the foreign country.

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c

At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

No

If "Yes," enter the name of the foreign country.

92

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

92

Part VII

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

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	RENTAL INCOME					194,018
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	88,856	
96	Dividends and interest from securities . . .			14	8,769	
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					11,161
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				97,625	205,179
105	Total (add line 104, columns (B), (D), and (E))					302,804

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 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)
93A	RENTAL INCOME FROM LOW-INCOME HOUSING PROGRAM AND ANOTHER NON-PROFIT
103A	MISCELLANEOUS INCOME FROM PROGRAM ACTIVITY

Part IX

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

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

Part X

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

(a)

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

(b)

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes

☒ No

NOTE:

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

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

2006-11-15

Date

KAREN FREDERICK EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Raymond L Anstiss Jr

Date

2006-11-15

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

(978) 452-2500

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY TEAMWORK INC

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
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

2005

Employer identification number
04-2382027

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
JULIE SALOIS 167 DUTTON ST LOWELL,MA 01852	ASSOC DIR 40 00	81,259	6,501	3,517
MICHAEL M MCDONOUGH 167 DUTTON ST LOWELL,MA 01852	ASSOC DIR 40 00	70,230	5,618	6,996
LEANNE GEORGE 167 DUTTON ST LOWELL,MA 01852	CONTROLLER 40 00	67,969	5,438	341
MARTHA CHILDS 167 DUTTON ST LOWELL,MA 01852	DIRECTOR 40 00	66,742	5,339	3,517
EILEEN HEALEY 167 DUTTON ST LOWELL,MA 01852	ASSOC DIR 40 00	64,260	5,141	4,001
Total number of other employees paid over \$50,000 ▶	17			

Part II-A

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
ANSTISS CO PC 21 GEORGE STREET LOWELL,MA 01852	AUDIT	68,000
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other 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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	59,315,449	58,910,433	52,975,068	47,318,420	218,519,370
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	120,475
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	227,763		37,655	34,866	300,284
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	86,913	443,275	286,411	132,561	949,160
23	Total of lines 15 through 22	59,630,125	59,353,708	53,343,430	47,562,026	219,889,289
24	Line 23 minus line 17	59,630,125	59,353,708	53,299,134	47,485,847	219,768,814
25	Enter 1% of line 23	596,301	593,537	533,434	475,620	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	4,395,376
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 2001 through 2004 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	219,768,814
d	Add Amounts from column (e) for lines 18 300,284 19 0 22 26 b 0				26d	1,249,444
e	Public support (line 26c minus line 26d total)				26e	218,519,370
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	9943 15 %
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 (2004) (2003) (2002) (2001)					
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 (2004) (2003) (2002) (2001)					
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 2001 through 2004, 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?		Yes	No
		29		
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			
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 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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	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)			
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? 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		

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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			

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?

[illegible]

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.

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 04-2382027

Name: COMMUNITY TEAMWORK INC

Line 2d - Note on Compensation: SEE 990/990EZ

Form **4562**
(Rev. January 2006)
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
2005
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
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$105,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$420,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(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 2004 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 2006 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) (See instructions)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	226,014

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	3,250
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	229,264
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

24a Do you have evidence to support the business/investment use claimed? ☒ 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 allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
Vehicle-Van	2003-09-01	100 000 %	32,814	32,814	5 0	S/L-HY	3,250	
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	3,250	
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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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 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 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? (See 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) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 ControlledEntitySchedule

Name: COMMUNITY TEAMWORK INC
EIN: 04-2382027

Name of Controlled Entity	Income Description	Income Amount	Loan Amount	Other Fund Transfers Description	Other Fund Transfers Amount
MERRIMACK VALLEY HOUSING SERVICES INC	MANAGEMENT SERVICES PROVIDED FOR THE OPERATION OF THE ORGANIZATION	21,865		REIMBURSEMENT FOR PAYROLL AND RELATED EXPENSES FOR MVHS WORKERS THAT ARE EMPLOYED BY CTI	96,011
MECHANICS HALL CORPORATION	MANAGEMENT SERVICES PROVIDED FOR THE OPERATION OF THE ORGANIZATION	5,627			
COMMON GROUND DEVELOPMENT CORPORATION			175,973		
COMMUNITY HOUSING INC			323,034		

TY 2005 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	659,199	539,344
Building	332,500	56,802	275,698
Building- Pawtucket	220,475	21,128	199,347
Building-Merrimack Street	172,210	8,611	163,599
Computer Equipment	11,005	11,005	0
Computer Equipment	5,885	5,885	0
Playground-Equipment	27,292	12,281	15,011
Building Improvement	1,804,457	992,450	812,007
Building Improvement-Pawtucket	14,600	1,521	13,079
Building Improvement-Rug	16,920	7,332	9,588
Equipment(Copier)	5,700	5,700	0
Equipment(Hardware)	5,324	3,904	1,420
Equipment-Card Readers	8,022	5,615	2,407
Equipment-Server	14,689	9,058	5,631
Equipment-Public Address System	13,067	3,485	9,582
Equipment-New phone System	16,300	3,668	12,632
Equipment-Server(Cash Flow Laese)	103,839	83,071	20,768
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	2,048	5,633
Copier - 2 Konica C350	17,444	3,489	13,955
Development cost relating to 767 Merrimack project	9,496		9,496
Building - 360 Pawtucket development cost	21,069	1,931	19,138
Building 423 Broadway development cost	46,676	4,668	42,008
Building 423 Broadway development cost	27,839	2,784	25,055
Decks for 423 Broadway	13,547	1,298	12,249
Interest on LDFC loan	2,216		2,216
Building improvement	111,625		111,625
Carpet Replacement at 2352 Main St	5,715	191	5,524
FolderInster - Two Sheet Feeders	6,200	827	5,373
Building Improvement	176,770		176,770
Building Improvement	15,192		15,192
Building Improvement	35,294		35,294
Walk in cooler base (16)	2,516		2,516
Walk in cooler base (26)	1,564		1,564
Walk in cooler base (36)	408		408
Walk in cooler base (46)	1,156		1,156
Walk in cooler base (56)	1,020		1,020
Walk in cooler base (66)	136		136

TY 2005 Officer Compensation Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

KAREN FREDERICK

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	113,274	9,061	10,331
Fundraising			

WILLIAM LIPCHITZ

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	100,188	8,015	341
Fundraising			

WILLIAM REIS

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	76,559	6,125	825
Fundraising			

TY 2005 Other Assets Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

Description	Beginning of Year Amount	End of Year Amount
Escrow Deposits	316,755	38,485
Development Property		190,522
Endowment Fund	119,746	123,196
Other assets		750

TY 2005 Other Liabilities Schedule**Name:** COMMUNITY TEAMWORK INC**EIN:** 04-2382027

Description	Beginning of Year Amount	End of Year Amount
ACCRUED VACATION	591,076	611,260
OTHER LIABILITIES	1,883,953	1,170,680

TY 2005 Other Income Schedule

Name: COMMUNITY TEAMWORK INC

EIN: 04-2382027

Description	2003	2002	2001	2000	Total
OTHER	86,913	443,275	286,411	132,561	949,160

Additional Data

Software ID:

Software Version:

EIN: 04-2382027

Name: COMMUNITY TEAMWORK INC

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.)
<div><div>a</div><div>HOUSING AND HOMELESS SERVICES - PROGRAMS THAT HELP LOW AND MODERATE INCOME FAMILIES ESTABLISH OR MAINTAIN SAFE AND PERMANENT HOUSING</div><div>(Grants and allocations \$)</div><div>If this amount includes foreign grants, check here <input type="checkbox"/></div></div>		25,784,929
<div><div>b</div><div>CHILD AND FAMILY SERVICES - PROGRAMS THAT HELP LOW-INCOME FAMILIES MEET THEIR CHILDREN'S EDUCATIONAL, SOCIAL, NUTRITIONAL, AND HEALTH NEEDS AND ENCOURAGE PARENTS TO PARTICIPATE FULLY IN SHAPING THESE PROGRAMS</div><div>(Grants and allocations \$)</div><div>If this amount includes foreign grants, check here <input type="checkbox"/></div></div>		16,520,296
<div><div>c</div><div>COMMUNITY RESOURCES - OFFERS FAMILIES, SENIORS, VOLUNTEERS AND IMMIGRANTSEASY ACCESS TO DIVERSE AND ESSENTIAL COMMUNITY RESOURCES</div><div>(Grants and allocations \$)</div><div>If this amount includes foreign grants, check here <input type="checkbox"/></div></div>		8,525,055
<div><div>d</div><div>PROPERTY AND ENERGY SERVICES - HEATING AND CONSERVATION PROGRAMS INCLUDING FUEL ASSISTANCE WEATHERIZATION BURNER REPAIR AND REPLACEMENT AND SEVERAL OTHER PROGRAMS TO HELP FAMILIES STAY SAFE AND WARM EACH WINTER</div><div>(Grants and allocations \$)</div><div>If this amount includes foreign grants, check here <input type="checkbox"/></div></div>		8,112,012
<div><div>e</div><div>LOCAL INITIATIVE - VARIOUS PROGRAMS THAT HELP LOW AND MODERATE INCOME</div><div>(Grants and allocations \$)</div><div>If this amount includes foreign grants, check here <input type="checkbox"/></div></div>		874,752
<div><div>f</div><div>FAMILIES</div><div>(Grants and allocations \$)</div><div>If this amount includes foreign grants, check here <input type="checkbox"/></div></div>		

Form 990, Part V-A - Current 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 plans	(E) Expense account and other allowances
KAREN FREDERICK 167 DUTTON STREET LOWELL,MA 01852	EXECUTIVE DIRECTOR 40 00	113,274	9,061	10,331
WILLIAM LIPCHITZ 167 DUTTON STREET LOWELL,MA 01852	DEPUTY EXECUTIVE DIRECTOR 40 00	100,188	8,015	341
WILLIAM REIS 167 DUTTON STREET LOWELL,MA 01852	CHIEF FINANCIAL OFFICER 40 00	76,559	6,125	825
RITA OBRIEN DEE 167 DUTTON STREET LOWELL,MA 01852	VICE PRESIDENT 2 00	0	0	0
THOMAS JOYCE 167 DUTTON STREET LOWELL,MA 01852	PRESIDENT 2 00	0	0	0
DONALD WASHBURN 167 DUTTON STREET LOWELL,MA 01852	TREASURER 2 00	0	0	0
GERMAINE VIGEANT TRUDEL 167 DUTTON STREET LOWELL,MA 01852	ASSISTANT TREASURER 2 00	0	0	0
MARIE SWEENEY 167 DUTTON STREET LOWELL,MA 01852	CLERK 2 00	0	0	0
MARTY CONWAY 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
THOMAS CONWAY JR 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0

Form 990, Part V-A - Current 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 plans	(E) Expense account and other allowances
KEVIN DONOVAN 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
RODNEY ELLIOT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
BETH FOX 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
ANDREA GAUNTLETT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
THIRITH HUT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
GLORIA JOHNSON 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
TYLER JONES 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
JAMES LYONS JR 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
MADONNA MCKKENZIE 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
CATHERINE MAYNARD 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0

Form 990, Part V-A - Current 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 plans	(E) Expense account and other allowances
JAMES MILLINAZZO 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
ALMA REEVES 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
GERALD SURPRENANT 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
MARTIN WALSH 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
ATTY DANIEL WILKINS 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
SHEILA OCH 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	0
THOMAS THACH 167 DUTTON STREET LOWELL,MA 01852	DIRECTOR 2 00	0	0	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	