

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

- 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: LOWELL HOUSE INC. Number and street: 555 MERRIMACK STREET. City or town, state or country, and ZIP + 4: LOWELL, MA 01854

D Employer identification number: 23-7110106

E Telephone number: (978) 459-8656

F Accounting method: Accrual

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

G Web site: NA

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: 1,816,362

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

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)

<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
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	101,677	24,592	77,085
26	Other salaries and wages	26	894,446	732,500	161,946
27	Pension plan contributions	27			
28	Other employee benefits	28	141,176	88,803	52,373
29	Payroll taxes	29	99,904	77,336	22,568
30	Professional fundraising fees	30			
31	Accounting fees	31	10,992		10,992
32	Legal fees	32			
33	Supplies	33	17,987	13,114	703
34	Telephone	34			4,170
35	Postage and shipping	35			
36	Occupancy	36	215,285	105,122	110,163
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	1,669	328	1,341
40	Conferences, conventions, and meetings	40	4,627	4,282	345
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	33,890	13,652	20,238
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
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	1,852,881	1,358,101	490,610
					4,170

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? ► SUBSTANCE ABUSE COUNSELING 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 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) ►	1,358,101

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	23,388	45	43,949
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	15,526		
	b Less allowance for doubtful accounts		13,841	47c 15,526
	48a Pledges receivable			
	b Less allowance for doubtful accounts			48c
	49 Grants receivable	318,539	49	102,959
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	22,777	53	17,819
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)			55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	1,013,143		
	b Less accumulated depreciation (attach schedule)	446,747	554,982	57c <input checked="" type="checkbox"/> 566,396
	58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (must equal line 74) Add lines 45 through 58	933,527	59	746,649	
Liabilities	60 Accounts payable and accrued expenses	125,167	60	28,437
	61 Grants payable		61	
	62 Deferred revenue	17,577	62	
	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)	551,289	64b	524,572
	65 Other liabilities (describe <input type="checkbox"/>)	99,881	65 <input checked="" type="checkbox"/>	100,555
66 Total liabilities Add lines 60 through 65	793,914	66	653,564	
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	135,594	67	89,626
	68 Temporarily restricted	4,019	68	3,459
	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)	139,613	73	93,085	
74 Total liabilities and net assets / fund balances Add lines 66 and 73	933,527	74	746,649	

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

a	Total revenue, gains, and other support per audited financial statements	a	1,810,763
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	4,410
	Add lines b1 through b4	b	4,410
c	Subtract line b from line a	c	1,806,353
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	4,410
e	Total revenue (line 12) Add lines c and d	e	1,806,353

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

a	Total expenses and losses per audited financial statements	a	1,857,291
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	4,410
	Add lines b1 through b4	b	4,410
c	Subtract line b from line a	c	1,852,881
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	1,852,881

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KENNETH POWERS 555 MERRIMACK STREET LOWELL, MA 01854	EXECUTIVE DIRECTOR 40 00	91,712	0	9,965
CHRISTINE COLE 555 MERRIMACK STREET LOWELL, MA 01854	DIRECTOR 1 00	0	0	0
BRIAN LEAHEY 555 MERRIMACK STREET LOWELL, MA 01854	Clerk 5 00	0	0	0
RAY RIDDICK 555 MERRIMACK STREET LOWELL, MA 01854	TREASURER 5 00	0	0	0
TED FLANAGAN 555 MERRIMACK STREET LOWELL, MA 01854	PRESIDENT 5 00	0	0	0
DEB CHAUSSE 555 MERRIMACK STREET LOWELL, MA 01854	DIRECTOR 1 00	0	0	0
RON LAFOND 555 MERRIMACK STREET LOWELL, MA 01854	VICE PRESIDENT 5 00	0	0	0
CHARLEY MURPHY 555 MERRIMACK STREET LOWELL, MA 01854	DIRECTOR 1 00	0	0	0
SANDRA WILSON 555 MERRIMACK STREET LOWELL, MA 01854	DIRECTOR 1 00	0	0	0
DON WALLACE 555 MERRIMACK STREET LOWELL, MA 01854	DIRECTOR 1 00	0	0	0

Part VI Other Information (continued)

Yes No

<p>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?</p>	82a		No
<p>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)</p>	82b		
<p>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	83a	Yes	
<p>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</p>	83b	Yes	
<p>84a Did the organization solicit any contributions or gifts that were not tax deductible?</p>	84a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	84b		
<p>85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?</p>	85a		
<p>b Did the organization make only in-house lobbying expenditures of \$2,000 or less?</p> <p>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.</p>	85b		
<p>c Dues assessments, and similar amounts from members</p>	85c		
<p>d Section 162(e) lobbying and political expenditures</p>	85d		
<p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</p>	85e		
<p>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</p>	85f		
<p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</p>	85g		
<p>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?</p>	85h		
<p>86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12</p>	86a		
<p>b Gross receipts, included on line 12, for public use of club facilities</p>	86b		
<p>87 501(c)(12) orgs. Enter a Gross income from members or shareholders</p>	87a		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	87b		
<p>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</p>	88		No
<p>89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p>			
<p>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</p>	89b		No
<p>c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/></p>			
<p>d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/></p>			
<p>90a List the states with which a copy of this return is filed <input type="checkbox"/> MA</p>			
<p>b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)</p>	90b		47
<p>91a The books are in care of <input type="checkbox"/> Carla McFadden Telephone no <input type="checkbox"/> (978) 459-8656</p> <p style="margin-left: 40px;">555 MERRIMACK ST</p> <p>Located at <input type="checkbox"/> LOWELL, MA ZIP + 4 <input type="checkbox"/> 01854</p>			
<p>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)?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p> <p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</p>	91b	Yes No	No
<p>c At any time during the calendar year, did the organization maintain an office outside of the United States?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>	91c		No
<p>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	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 Program service revenue - Related o					167,625
b FEE - DIRECT COLLECTION					179,021
c FEE - 3rd PARTY BILLING SOAP					151,382
d RESIDENT SELF PAY					31,592
e FOOD STAMP COLLECTIONS					2,826
f Medicare/Medicaid payments					124,968
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	145	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			03	-1,534	
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					12,251
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-1,389	669,665
105 Total (add line 104, columns (B), (D), and (E))					668,276

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	Program fees received from clients and insurance companies for
93A	counseling services in the treatment of substance abuse
101	Income from special events for counseling services in the treatment
101	of substance abuse

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: ***** Date: 2006-12-28

KENNETH POWERS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Raymond L Anstiss Jr Date: 2006-12-27 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Anstiss & CO PC, 21 George Street, Lowell, MA 01852

Preparer's SSN or PTIN (See Gen Inst W): _____ EIN: _____ Phone no: (978) 452-2500

SCHEDULE A
(Form 990 or 990EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LOWELL HOUSE INC

Employer identification number

23-7110106

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
DIANNA CONOLE 555 MERRIMACK STEEET LOWELL, MA 01854	PROGRAM DIR 40 00	100,066	0	842
ELLEN MARTIN 555 MERRIMACK STREET LOWELL, MA 01854	CONTROLLER 40 00	51,814	0	8,126
Total number of other employees paid over \$50,000				

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
None		
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) 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		No
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.)		No
a	Sale, exchange, or leasing property?		No
b	Lending of money or other extension of credit?		No
c	Furnishing of goods, services, or facilities?		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Yes	
e	Transfer of any part of its income or assets?		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)		No
b	Do you have a section 403(b) annuity plan for your employees?	Yes	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?		No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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)									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(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)	1,449,130	1,262,539	1,475,068	1,472,628	5,659,365
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	511,292	463,203	462,644	441,415	1,878,554
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	12,500	12,750	11,250	17,708	54,208
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,972,922	1,738,492	1,948,962	1,931,751	7,592,127
24 Line 23 minus line 17	1,461,630	1,275,289	1,486,318	1,490,336	5,713,573
25 Enter 1% of line 23	19,729	17,385	19,490	19,318	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					114,271
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					0
c Total support for section 509(a)(1) test Enter line 24, column (e)					5,713,573
d Add Amounts from column (e) for lines					
18 54,208 19 0					
22 26 b 0					
e Public support (line 26c minus line 26d total)					5,659,365
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					9905 12 %
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					
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 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— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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

TY 2005 Land etc. Schedule

Name: LOWELL HOUSE INC

EIN: 23-7110106

Additional Data**Software ID:****Software Version:****EIN:** 23-7110106**Name:** LOWELL HOUSE 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 MEALS	43a	43,281	43,281		
b SUBCONTRACTED DIRECT CARE	43b	212,143	212,143		
c PROGRAM SUPPORT	43c	21,751	21,751		
d OTHER	43d	69	69		
e INSURANCE	43e	21,128	21,128		
f PROGRAM SUPPORT	43f	29,530		29,530	
g OTHER	43g	790		790	
h INSURANCE	43h	2,536		2,536	

Form 990, Part III - Program Service Accomplishments:

<p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a THE OUTPATIENT COUNSELING PROGRAM OFFERS REHAB TREATMENT TO INDIVIDUALS & THEIR FAMILIES EXPERIENCING THE EFFECTS OF ABUSE FROM GAMBLING, ALCOHOL & DRUGS IT ALSO PROVIDES COURT MANDATED COUNSELING TO SECOND TIME DUI OFFENDERS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>395,459</p>
<p>b THE RECOVERY HOME PROGRAM IS A RESIDENTIAL TREATMENT PROGRAM FOR MALES & FEMALES SUFFERING FROM ALCOHOL & DRUG ADDICTION</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>276,463</p>
<p>c THE GLENICE SHEEHAN PROGRAM PROVIDES TRANSITIONAL & LONG TERM TREATMENT FOR WOMEN WHO ARE CHRONIC SUBSTANCE ABUSERS THIS TREATMENT IS LOCATED ON THE GROUNDS OF THE TEWKSBURY STATE HOSPITAL</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>341,036</p>
<p>d THE DRIVER ALCOHOL EDUCATION PROGRAM PROVIDES EDUCATIONAL AND THERAPEUTICSERVICES FOR FIRST TIME OFFENDERS CONVICTED OF DRIVING UNDER THE INFLUENCEPARTICIPANTS ARE REFERRED TO LOWELL HOUSE BY LOCAL AND REGIONAL COURTS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>107,199</p>
<p>e INSTITUTIONAL SUBSTANCE ABUSE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>116,124</p>
<p>f SUPPORTIVE HOUSING</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>121,820</p>

TY 2005 Officer Compensation Schedule

Name: LOWELL HOUSE INC

EIN: 23-7110106

KENNETH POWERS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	24,762		
Mgmt & General	66,950		9,965
Fundraising			

TY 2005 Other Expenses Included Schedule

Name: LOWELL HOUSE INC

EIN: 23-7110106

Description	Amount
Rental ExpenseS	4,410

TY 2005 Other Liabilities Schedule

Name: LOWELL HOUSE INC

EIN: 23-7110106

Description	Beginning of Year Amount	End of Year Amount
ACCRUED PAYROLL	40,629	28,663
ACCRUED EXPENSES	10,922	43,404
ACCRUED COMPENSATION ABSENCES	48,330	28,488

TY 2005 Other Revenues Included Schedule

Name: LOWELL HOUSE INC

EIN: 23-7110106

Description	Amount
RENTAL EXPENSES	4,410

TY 2005 Special Events Schedule

Name: LOWELL HOUSE INC

EIN: 23-7110106

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
GOLF TOURNAMENT	17,851	0	17,851	5,600	12,251