NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

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

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

2008
Open to Public Inspection

Servi									
			alendar yea	r, or tax year beginning C Name of organization	07-01-2008 and	ending 06-30-2009	<u> </u>	D Employer id	dentification number
_		pplicable	Please	COMMUNITY TEAMWORK	INC				
Add			use IRS label or	Doing Business As				04-23820 E Telephone r	
☐ Nar	ne cha	nge	print or type. See					•	
Init	ial retu	rn	Specific Instruc-	Number and street (or P	D box if mail is not de	livered to street address) Room/suite	(978) 459	-0551 pts \$ 77,171,004
┌ Ter	mınatıd	on	tions.	167 DUTTON STREET				d dioss recei	pts \$ //,1/1,004
┌ Am	ended	return		City or town, state or cou	ntry, and ZIP + 4				
Г _{Арг}	olication	n pending		LOWELL, MA 01852					
			F Nar	ne and address of Princ	nal Officer		H/a) 7 11	•	
				FREDERICK	par o meer		affiliat	a group retur es?	TYes ▼ No
				UTTON STREET _L,MA 01852					
——— т Та	x-exen	npt status		() (3) 4 (insert no)	947(a)(1) or			affiliates inclu	
		<u> </u>			717(4)(1) 01 327			o," attach a lis Exemption N	t See instructions)
) W	eb sit	e: 🟲 WW	/W COMTE	AM ORG			H(c) Group	Exemption N	umber F
✓ Type	o of or	a a puzation	✓ Corporat	tion trust association	othor 🕒		L Voor of For	mation 1965	M State of legal domicile MA
Кіур	e or or	yanızatıdı	J* Corporat	ioni tiusti associationi	other F		L real of roll	11ation 1903 1	1 State of legal doffficile. MA
		ı _							
Pa	rt I		mary						
	1			ie organization's missior	-	nt activities			
ဗိ		Service	s for low in	icome individuals and fa	milies				
듄									
Governance	2	Chackt	this box	if the organization disco	entinued its operat	ions or disposed of	mora than 25	0% of its asso	tc
<u> 5</u>	3		,	members of the governir					19
			=	_		·			
es es	4			ndent voting members o					
乬	5			mployees (Part V, line 2				5	576 550
Activities &	6			olunteers (estimate if ne ited business revenue fr				7-	0
_	1	=	7a 7b						
	В	Wet um	erateu bus	iness taxable income fro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16 34	Dries	Year	Current Year
	8	Contri	hutians an	d grants (Part VIII, line	1 h)			68,551,757	
क	9			revenue (Part VIII, line		280,224	72,097,457		
Revenue	10	-		me (Part VIII, column (,			74,860	16,336	
歪	11			rart VIII, column (A), lir		59,544	-8,462		
	12		•	dd lines 8 through 11 (r			39,344	-0,402	
		12)						68,966,385	77,096,056
	13	Grants	and simila	ar amounts paıd (Part I)	(, column (A), lines	31-3)		46,017,971	52,225,303
	14	Benefi	ts paid to d	or for members (Part IX,	column (A), line 4			0	
ø	15		es, other c	ompensation, employee	benefits (Part IX,	column (A), lines 5-		12.062.000	10 100 270
δ		10)				,		12,962,800	18,199,279
Expenses	16a			draising fees (Part IX, co		!)			0
ठ	Ь	•	=	penses, Part IX, column (D),					
	17			(Part IX, column (A), lin		•		7,393,846	5,739,107
	18			-add lines 13-17 (must		25, column (A))		66,374,617	76,163,689
. 07	19	Reven	ue less ex	penses Subtract line 18	from line 12			2,591,768	932,367
တက္ ကျက်								g of Year	End of Year
2 cg	20	Total	assets (Pa	rt X, line 16)				14,321,512	15,574,427
Net Assets or Fund Balances	21	Total I	liabilities (l	Part X, line 26)				9,857,170	10,251,502
<u> </u>	22	Netas	sets or fur	nd balances Subtract lır	e 21 from line 20			4,464,342	5,322,925
Pai	rt II	Sign	ature Bl	ock			_		
				erjury, I declare that I have e correct, and complete Declar					
Plea	60	***		correct, and complete Decial	ation of preparer (oth	er than officer) is based	1		arei ilas ariy kilowieuge
Sign		I B	ature of office	er			2009-: Date	11-13	
Here][IEF FINANCIAL OFFICER					
			e or print nam						
		''			Dat	e I.	21	Prenarer's PT	IN (See Gen Inst)
Paid	4		parer's nature R	AYMOND L ANSTISS JR		9-11-13	Check If self-		(222 227 47,000)
Pre			F			6	empolyed 🕨 🦵		
Use	•	Firm	n's name (or		ı				
Only			elf-employed) ress, and ZIP	+ 4				EIN Þ	
•.	-			ANSTISS & CO PC					
				21 GEORGE STREET				Phone no	(978) 452-2500

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission HOUSING AND HOMELESS SERVICES - PROGR	AMS THAT HELP LOW ANI	O MODERATE INCOME FAN	MILIES ESTABLISH OR MAINTAIN SAF	E AND PERMANENT HOUSING
	D.III				
2	Did the organization undertake any s the prior Form 990 or 990-EZ?		ervices during the ye	ar which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new services Did the organization cease conduction services?	ng or make significar	nt changes in how it c	onducts any program	┌ Yes ┌ No
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reverse	ements for each of t ons and 4947(a)(1)	trusts are required to	report the amount of grants	
4a	(Code) (Expenses HOUSING AND HOMELESS SERVICES - PRO		,	26,562,178) (Revenue \$ FAMILIES ESTABLISH OR MAINTAIN S	31,575,534) AFE AND PERMANENT HOUSING
4b	(Code) (Expenses	\$ 19,363,148	including grants of \$	5,991,681) (Revenue \$	20,339,584)
	CHILD AND FAMILY SERVICES - PROGRAMS AND ENCOURAGE PARENTS TO PARTICIPAT			HILDREN'S EDUCATIONAL, SOCIAL,	NUTRITIONAL, AND HEALTH NEEDS
4c	(Code) (Expenses PROPERTY AND ENERGY SERVICES - HEAT) REPLACEMENT, AND SEVERAL OTHER PROG	ING AND CONSERVATION			13,448,214) I, BURNER REPAIR AND
	(Code) (Expenses	\$ 11,227,516	ıncludıng grants of \$	8,734,258) (Revenue \$	11,574,039)
4d	Other program services (Describe	ın Schedula O \			
TU	(Expenses \$	including grants o	of\$) (Revenue \$)
4e	Total program service expenses \$	74,062,09	00 Must equal Part I	X, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I . •	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 2,040			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
Ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
-	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		No
h	more? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		l
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body	and	Management	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	19					
ь	Enter the number of voting members that are independent	1b	19					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents sfiled?	he prior Form 990 was	4	Yes				
5	Did the organization become aware during the year of a material diversion of the organization	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
b	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PENNY JUDD CFO 167 DUTTON ST LOWELL, MA 01852 (978) 459-0551

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did r	ot compens	ate any	offic	er, c	lirec	tor, tru	uste	e or key employee	T	T	
		Posit t	(C non (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
RITA O'BRIEN DEE , DIRECTOR	2 00	Х						0	0	0	
DONALD WASHBURN , PRESIDENT	2 00	Х		Х				0	0	0	
GERMAINE VIGEANT TRUDEL , TREASURER	2 00	Х		Х				0	0	0	
SHEILA OCH , CLERK	2 00	Х		Х				0	0	0	
THOMAS JOYCE , VICE PRESIDENT	2 00			Х				0	0	0	
MARTY CONWAY , DIRECTOR	50	Х						0	0	C	
NICOLE CRUZ , DIRECTOR	50	Х						0	0	O	
ELIZABETH FOX , DIRECTOR	50					1		0	0	0	
RITA MERCIER , DIRECTOR	50	Х						0	0	o	
THIRITH HUT , DIRECTOR	50	Х						0	0	C	
GLORIA JOHNSON , DIRECTOR	50	Х						0	0	C	
MARIE P SWEENEY , DIRECTOR	2 00	Х						0	0	0	
CATHERINE MAYNARD , DIRECTOR	50	Х						0	0	O	
JAMES MILINAZZO , DIRECTOR	50	Х						0	0	o	
GLENN GOLDMAN , ASSISTANT TREASURER	2 00	Х		Х				0	0	С	
GABRIELLE CRUEGER , DIRECTOR	2 00	Х						0	0	C	
ROBERT CORRENTI , DIRECTOR	50	Х						0	0	C	
DIANA RYDER , DIRECTOR	50	Х						0	0	С	
STEPHEN O'CONNOR , DIRECTOR	2 00	Х				i i		0	0	C	
KAREN FREDERICK , EXECUTIVE DIRECTOR	40 00			Х				130,408	0	19,466	
WILLIAM LIPCHITZ, DEPUTY EXECUTIVE DIRECTO	40 00			Х				110,374	0	9,232	
PENNY JUDD , CHIEF FINANCIAL OFFICER	40 00			Х				30,363	0		

Part VII Continued

				(i tion that a			all				/E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D Repor compen from organizat 2/1099	table isation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of othe compensation from the organization an related organizations	
												\pm		
												\pm		
												+		
												\mp		
												#		
												\mp		
												+		
1b	Total						•	F		271,14	5	0		32,712
2	Total number of individuals (including compensation from the organization)		a) who r	ecei	ved	mo	re thar	າ \$1	00,000 in	reportab	е			
													Yes	No
3	Did the organization list any former on line 1a? If "Yes," complete Schedul										ated employee	3		No
4	For any individual listed online 1a, is organization and related organization													
	ındıvıdual			•	•	•		•				4		No
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes								_			5		No
Se	ection B. Independent Contrac	ctors												
1	Complete this table for your five high \$100,000 of compensation from the			ndep	ende	ent	contra	cto	rs that rec	eived moi	e than			
(A) (B) Name and business address Description of services												(C) Compensation		
													1	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a		Revenue		512, 513, 01 514
##	ь	Membership dues					
효효		11	,				
Contributions, gifts, grants and other similar amounts	С	Fundraising events	83,299				
無意	d	Related organizations					
ું. ⊒ું⊗	e	Government grants (contributions) 16	71,539,378				
ू इं	f	All other contributions, gifts, grants, and	474,780		i		i
돌		similar amounts not included above	· ———				
± c	g	Noncash contributions included in	n				
သည်		lines 1a-1f \$		72.007.457			
	h	Total (Add lines 1a-1f)		72,097,457			
œ.			Business Code				
Ē	2a	SERVICE FEES	624,410	4,776,914	477,691,444		
eg Eg	b	RENTAL INCOME	532,000	195,404	195,404		
93	С	LOCAL REVENUE	900,099	18,407	1,840,689		
10	d		_				
<i>ა</i> ბ ⊆	e						
Program Serwce Revenue	f	All other program service revenue					
<u>ۆ</u>	g	Total. Add lines 2a-2f					
		► \$ 4,990,725					
	3	Investment income (including div	· •				
		other sımılar amounts)		16,336			16,336
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental					
	С	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
			▶				
	7a	Gross amount from sales of assets other than inventory	(II) O ther				
	b	Less cost or other basis and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	_				
	8a	Gross income from fundraising	·				
Other Revenue		events (not including \$52,812 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
<u>.</u>	ь		03,233				
돌	c	Less direct expenses .b Net income or (loss) from fundrais		-15,505	-15,505		
•	9a	Gross income from gaming activities See part IV, line 19	·				
		Complete Schedule G if total exceeds \$15,000	13,674				
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming		7,043	7,043		
	10a	Gross sales of inventory, less	<u>▶</u>				
	104	returns and allowances .	1				
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales o	1				
		Miscellaneous Revenue	Business Code				
	11a		-				
	ь		-				
	С		ļ				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c, 10c, and 11e		77,096,056	4,982,263	0	16,336

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	52,225,303	52,225,303					
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16		, ,					
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	13,576,271	12,295,389		10,398			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	967,792	871,209	95,744	839			
9	Other employee benefits	2,184,314	2,017,594	165,795	925			
10	Payroll taxes	1,470,902	1,356,679	113,289	934			
11	Fees for services (non-employees)							
а	Management							
b	Legal	95,950	67,957	27,993				
С	Accounting	67,194	66,550	644				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion	67,053	65,653	1,400				
13	Office expenses	983,344	907,737	75,210	397			
14	Information technology	107,152	95,108	12,044				
15	Royalties							
16	Occupancy	1,343,400	1,238,321	105,079				
17	Travel	451,710	445,128	6,582				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	15,825	15,535	290				
20	Interest	161,291	156,110	5,181				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	347,482	316,263	31,219				
23	Insurance	123,929	108,942	14,987				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	MISCELLANEOUS	952,782	893,538	59,244	_			
b		789,905	72,685,994	63,045				
c	CONSULTANTS	232,090	18,846,853	43,621				
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	76,163,689	74,062,090	2,091,851	13,493			
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 999 (2008)			

Part X	Balance	Sheet

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 2.565.137		End o	
	2	Savings and temporary cash investments			2,000,107	2		0,070,770
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			4,309,768	- +		5,187,456
	5	Receivables from current and former officers, directors, trustees		mployees or	1,000,700	-		0,107,100
		other related parties		5				
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net			1,504,733	7		1,818,026
	8	Inventories for sale or use			8			
\$	9	Prepaid expenses and deferred charges	•		152,716	9		151,031
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	7,473,310				
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	2,834,008	5,122,553	10c		4,639,302
	11	Investments—publicly traded securities		11				
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	of		12			
	13	Investments—program-related See Part IV, line 11 Complete Part IV and I complete Part IV.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		666,605	-		99,837	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,321,512		1	5,574,427
-	17	Accounts payable and accrued expenses .			1,839,585	\vdash		1,827,544
	18	Grants payable	1,555,555	18		.,,,,,,,,,		
	19	Deferred revenue	2,486,716			4,034,195		
	20	Tax-exempt bond liabilities			20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
S.	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
豆		persons Complete Part II of Schedule L		_		22		
	23	Secured mortgages and notes payable to unrelated third parties	•	3,783,007			2,556,064	
	24	Unsecured notes and loans payable	•		5,100,001	24		
	25	Other liabilities Complete Part X of Schedule D			1,747,862	-		1,833,699
	26	Total liabilities. Add lines 17 through 25			9,857,170	-		0,251,502
_		Organizations that follow SFAS 117, check here ▶ ✓ and comp	lete lin	nes 27	3,331,113		•	-,,
γ Θ		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			1,089,011	27		1,489,119
8	28	Temporarily restricted net assets			3,375,331	28		3,833,806
F	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d comp	lete				
		lines 30 through 34.						
ź	30	Capital stock or trust principal, or current funds				30		
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Ŋet	33	Total net assets or fund balances			4,464,342	33		5,322,925
_	34	Total liabilities and net assets/fund balances			14,321,512	34	1	5,574,427
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

Employer identification number

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

0 MB No 1545-0047

Open to Public Inspection

Treasury Internal Revenue Service

Department of the

SCHEDULE A

(Form 990 or

990EZ)

Name of the organization COMMUNITY TEAMWORK INC

COMIN	IONIII	04-2382027							
Da	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instruction	ns \						
		zation is not a private foundation because it is (Please check only one organization)	113)						
1	Г	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).							
2	Ţ.	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)							
3		A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach	Schedule H)					
4	Ţ.	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A		•					
-	•	hospital's name, city, and state	-,(,						
5	\vdash	An organization operated for the benefit of a college or university owned or operated by a governmental u	nıt describe	d ın					
_	,	Section 170(b)(1)(A)(iv). (Complete Part II)							
6	Г	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).							
7	Ţ.	An organization that normally receives a substantial part of its support from a governmental unit or from	the general	public					
-	•	described in Section 170(b)(1)(A)(vi) (Complete Part II)	3	F					
8	\vdash	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)							
9	Ē	An organization that normally receives (1) more than 331/3% of its support from contributions, members	ship fees, ar	d aros	ss				
	·	e than 331/3% 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). (Complete Part III)							
10	Г	An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See	ınstruction	s)					
11	Ē	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca			es of				
	•	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See S							
		the box that describes the type of supporting organization and complete lines 11e through 11h							
	_	a Type I b Type II c Type III - Functionally Integrated d	Type III						
е	ı	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in	•						
		section 509(a)(2)	i section so	J (a)(.	., 01				
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III s	upporting o	rganız	atıo <u>n,</u>				
		check this box							
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No				
	and (III) below, the governing body of the the supported organization?								
		(ii) a family member of a person described in (i) above?	11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)						
h		Provide the following information about the organizations the organization supports							

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		the orga	(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0F	0 01 Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	59,315,449	62,089,945	62,029,833	68,551,757		72,097,457	324,084,441
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	59,315,449	62,089,945	62,029,833	68,551,757		72,097,457	324,084,441
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							
6	(f) Public Support subtract line 5 from line						+	324,084,441
	4							
	otal Support				. n T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
7	A mounts from line 4	59,315,449	97,625	62,029,833	68,551,757		72,097,457	324,084,441
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,776	97,625	81,309	67,205		16,336	322,251
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	86,913	11,161	99,028	57,544		-8,462	246,184
11	Total Support (Add lines 7 through 10)							324,652,876
12	Gross receipts from related activities, etc	(See instruction	s)	•	•	12		5,829,982
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		99 820 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		99 400 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac	es as a publicly s If the organization ets and circumst	supported organ on did not check ances" test, che	ization a box on line 13 eck this box and	3, 16a, or 16b a stop here. Exp	and line lain in	é 14 is 10° Part IV ho	► % or ow the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 13 eck this box and	3, 16a, 16b, or stop here. Exp	17a ai Iain in	nd line 15 Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493320006109

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	me of the organization		Employer ident	ification number	
_	MMUNITY TEAMWORK INC		04-2382027		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		inds or Accou	ı nts. Complete ı	ıf the
		(a) Donor advised funds	(b) Funds a	nd other accounts	
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	<u> </u>	oradvised	Г Yes Г	- No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	· 	, ,	- No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Pai	rt IV, line 7.	
2	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualing on the last day of the tax year	☐ Preservation of ce	rtified historic str	ucture	
	on the last day of the tax year		Hele	d at the End of the	e Year
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easement	S	2b		
c	Number of conservation easements on a certified hi		2c		
d	Number of conservation easements included in (c) a	, ,	2d		
3	Number of conservation easements modified, transfe	•	d by the organizat	tion during	
_	the taxable year 🕨		a 2, and organiza		
4	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		itions, and	Г Yes Г	- No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	☐ Yes ☐	- No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that	describes	
Pai	Complete if the organization answered '		or Other Simil	lar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance o		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		· ·	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X		- \$		
2	If the organization received or held works of art, histo	orical treasures, or other similar assets fo		rovide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

3	Using the organization's accession and other		•			•			ontinuea)
	items (check all that apply)	,	•	_	-	-			
а	Public exhibition		d	Г	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w the	y further the o	organization's ex	cempt purpose in		
5	During the year, did the organization solicit	or receive donations	ofar	t, hıs	torical treasi	ıres or other sım		_	_
	assets to be sold to raise funds rather than						<u>·</u>	Yes	∏ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ar			•		anization answ	ered "Yes" to I	-orm 9	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			for c	ontributions	or other assets I		Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	le						
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI								
Pa	rt V Endowment Funds. Complete								
4_	Decimina of very halance	(a)Current Year 127,920	(b)) Prior	Year (c)Tw	o Years Back (d)	Three Years Back (e) Four Y	ears Back
1a	Beginning of year balance	127,920							
b	Contributions	-20,616							
с	Investment earnings or losses	6,179							
d	Grants or scholarships	0,179							
e	Other expenditures for facilities and programs								
f	Administrative expenses	1,288							
g	End of year balance	99,837							
2	Provide the estimated percentage of the yea	ar end balance held a	as						
- а	Board designated or quasi-endowment	0 %							
_									
Ь	remanent endowment P								
с Э-	remi endowment						46.		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	liial (are neid and a	administered for	trie	Yes	No
	(i) unrelated organizations						3a(i)	Yes	
	(ii) related organizations						3a(ii) Yes	
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	chec	lule R?		3b		
4	Describe in Part XIV the intended uses of th								
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 990, P	art X, line 10.	ı		
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land					905,907			905,907
b	Buildings					1,352,597	115,462		1,237,135
c	Leasehold improvements								
	Equipment								
a				L		<u> </u>			
	Other	<u> </u>	<u>. </u>			5,214,806	2,718,546		2,496,260

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
		Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descri	ption		(b) Book value
Total (Column (b) should agust Forms 000, Seet V. and (S)	15)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED VACATION	695,016		
OTHER CURRENT LIABILITIES	1,138,683		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,833,699		

Total revenue (Form 990, Part VIII, column (A), line 12)

77,096,056

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,163,689
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	932,367
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-73,784
9	Total adjustments (net) Add lines 4 - 8	9	-73,784
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	858,583
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	77,158,179
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-12,825
3	Subtract line 2e from line 1	3	77,171,004
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -74,948		
c	Add lines 4a and 4b	4c	-74,948
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	77,096,056
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	76,238,637
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	74,948
3	Subtract line 2e from line 1	3	76,163,689
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	76,163,689
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	Community Teamwork, Inc established an endowment with the Greater Lowell Community Foundation with the intent of growing the endowment so that the annual distribution could be used to further the mission of helping low income people become self sufficient. In addition, the annual endowment distribution could be used to help the agency in a rainy day occurrence of budget or program reductions.
Part X	Description of Uncertain Tax Positions Under FIN 48	CTI elected to defer the application of Financial Accounting Standards Board Interpretation No 48, "Accounting for Uncertainty in Income Taxes" (FIN-48) as allowed by FASB Staff position 48-3 (FIN 48-3). The Financial Accounting Standards Board announced in FIN 48-3 that further guidance will be forthcoming on the application of FIN 48 to non-profit entities. As a non-profit organization that traditionally has no income tax liability, CTI will defer adoption until further guidance is issued.
		PART XII, LINE 4B - OTHER FUNDRAISING EVENT EXPENSES -68317 GAMING EXPENSES -6631 PART XIII, LINE 2D - OTHER FUNDRAISING EVENT EXPENSES 68317 GAMING EXPENSES 6631

	al Information(continued)	Fig. 1 - 12
Ident if ier	Return Reference	Explanat ion Explanat ion
Part V , Line 4	Description of Intended Use of Endowment Funds	Community Teamwork, Inc established an endowment with the Greater Lowell Community Foundation with the intent of growing the endowment so that the annual distribution could be used to further the mission of helping low income people become self sufficient. In addition, the annual endowment distribution could be used to help the agency in a rainy day occurrence of budget or program reductions.
Part X	Description of Uncertain Tax Positions Under FIN 48	CTI elected to defer the application of Financial Accounting Standards Board Interpretation No 48, "Accounting for Uncertainty in Income Taxes" (FIN-48) as allowed by FASB Staff position 48-3 (FIN 48-3) The Financial Accounting Standards Board announced in FIN 48-3 that further guidance will be forthcoming on the application of FIN 48 to non-profit entities As a non-profit organization that traditionally has no income tax liability, CTI will defer adoption until further guidance is issued
		PART XII, LINE 4B - OTHER FUNDRAISING EVENT EXPENSES -68317 GAMING EXPENSES -6631 PART XIII, LINE 2D - OTHER FUNDRAISING EVENT EXPENSES 6831 GAMING EXPENSES 6631

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DLN: 93493320006109

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization	1.6				Employer ider	ntification number		
COMMUNITY TEAMWORK IN	I C				04-2382027			
Part I Fundraising A	ctivities Complet	e if the or	nanızat	non answered "Yes"				
	•				•	, iiic 17.		
1 Indicate whether the org	janization raised funds	tnrougn ar	iy or the					
a Mail solicitations	b Email solicitations e				non-government grants government grants			
c Phone solicitations				g Special fundrais	-			
d In-person solicitatio	ns			y ,	g			
2a Did the organization hav or key employees listed					•	Γ _{Yes} Γ Ν		
b If "Yes," list the ten high to be compensated at le								
		(iii) Dıd fundraıser have					(v) A mount paid to	(vi) A mount paid to
(i) Name of individual or entity (fundraiser)	(ii) A ctivity	custo	ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization		
		Yes	No	1	""			
					I .			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1 CARNIVAL (event type)	(b) Event #2	(c) O ther Events (total number)	(Add col	tal Eve (a) thi I (c))	
Φ	1		136,111		(total number)		136	 6,111
Revenue	2	Gross receipts	83,299					3,299
ě	3	contributions Gross revenue (line 1 minus line 2)	52,812				52	2,812
	4	Cash Prizes	10,500				10	0,500
မှ လူ	5	Non-cash Prizes						
Sens	6	Rent/Facility costs	5,356	5			į	5,356
Direct Expenses	7	Other direct expenses	52,461				52	2,461
Ğ Ğ	8	Direct expense summary Add lin	_		•			8,317
	9	Net income summary Combine li						5,505
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u> </u>	1	Gross revenue						
s Seg	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
즈	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	┌ Yes%	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	🛌			
9 a	Ist	er the state(s) in which the organiza he organization licensed to operate		·		· 9a	Yes	No
b	If "I	No," Explain						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	g the tax year?	10a		
11	— Doe	es the organization operate gaming a	activities with nonmembe	rs?		 ₁₁		
12	Ist	he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partners	nip or other entity			
	rorn	ned to administer charitable gaming				. 12	1	

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493320006109 OMB No 1545-0047

2008

Open to Public

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Inspect ion

Employer identification number Name of the organization COMMUNITY TEAMWORK INC 04-2382027 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed. 1(a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant **(b)** EIN organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Enter total number of section 501(c)(3) and government

Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
The Division of Child and Family Services assists family self-sufficiency by providing nurturing, safe and supportive programs for families with children birth through middle school age	14293	5,991,681			
The Division of Housing & Homeless Services is the combination of numerous programs that help low and moderate income families establish or maintain safe and permanent housing	11516	26,562,178			
Community Teamwork's Energy Department offers a host of 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	10225	10,937,186			
CTI's Division of Community Resources offers families, seniors, volunteers and immigrants easy access to diverse and essential community-based resources	8838	8,715,903			
CTI's Workforce Development Division (WFD) seeks to support clients as they achieve self-sufficiency by addressing the barriers that are preventing advancement including the lack of education, training, social supports, and financial resources. To do this we have created a cohesive service delivery system that enables participants to access the training and supportive services necessary to obtain and retain entry-level jobs that offer access to stable career paths with the potential for future advancement. This system ensures a single point of contact through which referrals from project partners are funneled. Staff coordinate progressive workforce training, education, job placement, and on-going supportive services to overcome barriers to employment, and continued career development.	115	18,355			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 CTI ADMINISTERS EACH OF ITS PROGRAMS AND HAS INTERNAL CONTROL PROCEDURES WITHIN EACH DEPARTMENT TO ENSURE THAT THE REQUIREMENTS OF THE FUNDING SOURCE ARE MET AND THAT FUNDS ARE NOT MISAPPROPRIATED

DLN: 93493320006109

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Inspection

Name of the organization COMMUNITY TEAMWORK INC

Employer identification number

04-2382027

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	CTl's Division of Community Resources offers families, seniors, volunteers and immigrants easy access to diverse and essential community-based resources Expenses \$ 10247895 including grants of \$ 8715903 Revenue \$ 10511669

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	CTI's Workforce Development Division (WFD) seeks to support clients as they achieve self-sufficiency by addressing the barriers that are preventing advancement including the lack of education, training, social supports, and financial resources. To do this wie have created a cohesive service delivery system that enables participants to access the training and supportive services necessary to obtain and retain entry-level jobs that offer access to stable career paths with the potential for future advancement. This system ensures a single point of contact through which referrals from project partners are funneled. Staff coordinate progressive workforce training, education, job placement, and on-going supportive services to overcome barriers to employment, and continued career development. Expenses \$ 979621. Including grants of \$ 18355. Revenue \$ 1062370.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		Article II restates purpose of organization to reflect current language required of 501(c)(3) organizations and give a broad description of current purpose and activities. Article III states the Corporation shall have no members. Article IV reflects changes required of 501(c)(3) organizations. Articles IV s. VII the effective date of the restated articles and - street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts - name, residential address and post office address of each director and officer of the corporation. In Massachusetts - name, residential address and post office address of each director and officer of the corporation. In Massachusetts - name, residential address and post office address of each director and officer of the corporation. In Massachusetts - name, residential address and post office and business address of the resident agent of the corporation. The major changes to the By Laws are as follows. Article II - Name and Membership only the name appears here, and the purpose and membership is stated in the Articles Oforganization. Change states that the Corporation has no members, and all authority is vested in the Board of Directors. Article II - Purpose now only states that the purpose is found in the Articles of Organization Article III - Board of Directors. A section on Authority and Responsibility is now included as a policy attachment and will not appear in the by-laws. The policy will state that the Board must participate in the development, planning, implementation and evaluation of agency programs. Also included is the language from the Head Stat Reauthorization hanguage of 2007 specifying the role of the Board in the Head Start Program. Section 2 is limited to the number and qualifications of Directors Section 3 is organized as follows. The subsection A on Low-income Directors only states - that at least one-third of the Board shall be Low-income Representatives, - that the Board shall approve a policy (separate from the bylaws

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Each year the Board Finance Committee meets with the paid preparer to review the Form 990. A checklist provided by the paid preparer is used to affirmatively assert and document that each part of the Form 990, as well as all schedules, have been reviewed and appear complete and reasonable prior to filing with the IRS. An electronic copy of the Form 990 is distributed to the entire Board of Directors after the Finance Committee has reviewed and approved the document.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each year the officers, directors and key employees of Community Teamwork Inc. review the conflict of interest policy, disclose anything not previously reported and update the status of any previous conflicts of interest reported. They sign the policy assuring that they have complied with the policy.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		Annually the Board of Directors directs the Executive Committee of the Board to conduct a performance and compensation review of the Executive Director. The Executive Director forwards to the committee an update on the current year goals set by the committee and the board in the previous year review process. The Executive Director also submits a list of goals for the upcoming year for the committee approval. The Committee completes an Executive Director Evaluation form. The performance review is shared with the full board with a recommendation for salary adjustment, if any, for the following year. The Executive Committee considers (1) the performance of the Executive Director during the review period, (2) the financial condition of the organization and (3) whether the employees of the organization are receiving fair wages and appropriate adjustments. In FY10 a compensation study is being conducted by an independent consultant. The Board of Directors has delegated the performance review and compensation review of the key employees to the Executive Director. This includes the Deputy Executive Director and the Chief Financial Officer.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE

DLN: 93493320006109

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization COMMUNITY TEAMWORK INC

Employer identification number

04-2382027

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
COMMON GROUND DEVELOPMENT CORPORATION 167 DUTTON STREET LOWELL, MA01852 04-2382027	TO DEVELOP, OWN, AND OPERATE AFFORDABLE HOUSING	MA	501(C)(3)	9	COMMUNITY TEAMWORK INC
167 DUTTON STREET LOWELL, MA01852 32-0047832	TO DEVELOP, OWN, AND OPERATE AFFORDABLE HOUSING	МА	501(C)(3)	9	COMMUNITY TEAMWORK INC
MECHANICS HALL INC 167 DUTTON STREET LOWELL, MA01852 04-3410521	TO BUY A BUILDING AND RENT IT TO CTI, AN EXEMPT ORGANIZATION	МА	501(C)(2)		COMMUNITY TEAMWORK INC
167 DUITTON CTDEET	TO PROVIDE ELDERLY AND HANDICAPPED PERSONS OF LOW INCOME WITH HOUSING	МА	501(C)(3)	7	COMMUNITY TEAMWORK INC
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135\	1		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	income inve	(E) ominant e(related, stment, elated)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partne	al oı gıng
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Tru	ıst								
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	2	(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	--

Pa	rt V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Г
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		T N
b	Gift, grant, or capital contribution to other organization(s)	1b		N
c	Gıft, grant, or capital contribution from other organization(s)	1c		
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		T N
f	Sale of assets to other organization(s)	1f		Ī
g	Purchase of assets from other organization(s)	1g		T N
h	Exchange of assets	1h		T N
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		T N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	T
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	1 l		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	Ī
n	Sharing of paid employees	1n	Yes	
				Г
o	Reimbursement paid to other organization for expenses	10		_
р	Reimbursement paid by other organization for expenses	1p	Yes	
				T
q	O ther transfer of cash or property to other organization(s)	1q	Yes	T
-	· · · · · · · · · · · · · · · · · · ·	1r		┌
				_

2	If the answer to any of the above $\ensuremath{\text{is}}$ "Yes	" see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	
---	---	---	--

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	MERRIMACK VALLEY HOUSING SERVICES INC	D	169,884
(2)	COMMON GROUND DEVELOPMENT CORPORATION	D	359,201
(3)	COMMUNITY HOUSING INC	D	61,312
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

					1									
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			20 of K-1		r 3
			Yes	No		Yes	No		Yes	No				
									R (Form	200) 2000				