

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable:

Change of address
 Change of name
 Initial return
 Final return
 Amended return (use also for state reporting)

C Name of organization
RIVERSIDE COMMUNITY MENTAL HEALTH AND RETARDATION CENTER, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
450 WASHINGTON STREET 201

City or town, state or country, and ZIP
DEDHAM, MA 02026

D Employer identification number
04-3097170

E Telephone number
(781) 329-0909

F Check if application pending

G Organization type (check only one) 501(c) (3) (insert no) 527
OR 4947(a)(1)

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

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

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

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	118,445.		
b	Indirect public support	1b	37,367.		
c	Government contributions (grants)	1c	141,673.		
d	Total (add lines 1a through 1c) (cash \$ <u>297,485.</u> noncash \$ _____)	1d	297,485.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	28,113,333.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8 a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9 a	Gross revenue (including \$ _____ of contributions reported on line 990) from special events and activities (attach schedule)	9a	15,944.		
b	Less expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	15,944.		
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	64,813.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	12	28,491,575.		
13	Program services (from line 44, column (B))	13	25,973,840.		
14	Management and general (from line 44, column (C))	14	3,347,454.		
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	29,321,294.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<829,719.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,369,716.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,539,997.		

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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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	297,500.	0.	297,500.	0.	
26	Other salaries and wages	16,515,176.	15,103,112.	1,412,064.		
27	Pension plan contributions					
28	Other employee benefits	1,256,289.	1,112,958.	143,331.		
29	Payroll taxes	1,399,568.	1,258,698.	140,870.		
30	Professional fundraising fees					
31	Accounting fees	63,550.	0.	63,550.		
32	Legal fees	77,127.	681.	76,446.		
33	Supplies	1,306,087.	1,293,860.	12,227.		
34	Telephone	277,546.	232,186.	45,360.		
35	Postage and shipping	43,267.	19,314.	23,953.		
36	Occupancy	2,818,588.	2,574,310.	244,278.		
37	Equipment rental and maintenance	388,728.	327,058.	61,670.		
38	Printing and publications	54,749.	28,081.	26,668.		
39	Travel	742,758.	728,751.	14,007.		
40	Conferences, conventions, and meetings					
41	Interest	91,755.	664.	91,091.		
42	Depreciation, depletion, etc (attach schedule)	345,984.	251,137.	94,847.		
43	Other expenses (itemize)					
	a _____	43a				
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e SEE STATEMENT 2	43e	3,642,622.	3,043,030.	599,592.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	29,321,294.	25,973,840.	3,347,454.	0.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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	MENTAL RETARDATION SERVICES - ADULT, CHILD, FAMILY AND ELDER PROGRAMS OFFERING A WIDE RANGE OF MENTAL RETARDATION SUPPORT, SPECIALIZED SERVICES, DAY ACTIVITIES AND HOME SERVICES.	(Grants and allocations \$ _____)	6,717,538.
b	SEE STATEMENT 4	(Grants and allocations \$ _____)	5,341,933.
c	HEALTH & SOCIAL SERVICES - ADULT DAY HEALTH PROGRAMS, EARLY INTERVENTION SERVICES AND BEHAVIORAL TREATMENT SERVICES PROVIDED TO A WIDE RANGE OF INDIVIDUALS .	(Grants and allocations \$ _____)	2,346,938.
d	SEE STATEMENT 5	(Grants and allocations \$ _____)	7,653,031.
e	Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$ _____)	3,914,400.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		25,973,840.

Part IV Balance Sheets

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
Assets	45	Cash - non-interest-bearing	111,344.	45	386,693.
	46	Savings and temporary cash investments	35,251.	46	23,515.
	47 a	Accounts receivable	47a 7,294,330.		
	b	Less allowance for doubtful accounts	47b 3,189,893.	4,189,973.	47c 4,104,437.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b		48c
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees			50
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		87,542.	53 88,657.
	54	Investments - securities			54
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b		55c
56	Investments - other			56	
57 a	Land, buildings, and equipment basis	57a 6,883,468.			
b	Less accumulated depreciation STMT 7	57b 2,165,647.	3,713,708.	57c 4,717,821.	
58	Other assets (describe ► SEE STATEMENT 8)		190,993.	58 184,477.	
59	Total assets (add lines 45 through 58) (must equal line 74)		8,328,811.	59 9,505,600.	
Liabilities	60	Accounts payable and accrued expenses	2,293,635.	60	1,964,759.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities			64a
	b	Mortgages and other notes payable STMT 9 STMT 10		2,576,127.	64b 4,881,257.
65	Other liabilities (describe ► SEE STATEMENT 11)		89,333.	65 119,587.	
66	Total liabilities (add lines 60 through 65)		4,959,095.	66 6,965,603.	
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	3,297,393.	67	2,304,310.
	68	Temporarily restricted	72,323.	68	235,687.
	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 and column (B) must equal line 21)		3,369,716.	73 2,539,997.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		8,328,811.	74 9,505,600.	

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.

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Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization CENTRAL NORFOLK HUMAN DEVELOPMENT and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed MASSACHUSETTS			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		640
91	The books are in care of PETER GERONDEAU Telephone no (781) 329-0909 Located at 450 WASHINGTON STREET, DEDHAM, MA ZIP code 02026			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	

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Part VII Analysis of Income-Producing Activities

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 CONTRACT REVENUE					19,988,662.
b THIRD PARTY FEES					7,343,822.
c CLIENT REVENUE					780,849.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not 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			01	15,944.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER INCOME					62,483.
b BAD DEBT RECOVERY					2,330.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		15,944.	28,178,146.
105 Total (add line 104, columns (B), (D), and (E))					28,194,090.

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

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)
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (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

accompanying schedules and statements and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge. (Important: See General Instruction W)

2/27/02 Scott M. Boek President/CEO

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Name of the organization **RIVERSIDE COMMUNITY MENTAL HEALTH AND RETARDATION CENTER, INC.** Employer identification number **04 3097170**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
DAVID MIRSKY ----- 68 HYDE ST, NEWTON, MA 02461	PSYCH. 40	128,994.	5,257.	0.
NORMAN MOSS ----- 18 WENDY LANE, UXBRIDGE, MA 01569	MD 40	77,651.	90.	0.
EUGENE CACCIOLA ----- 57 DORSET RD, WABAN, MA 02468	VP MED SRVCS. 40	131,000.	7,611.	0.
NANCY MEEGAN ----- 309 LITTLETON RD, HARVARD, MA01451	VP HR 40	90,000.	7,481.	0.
ADELAIDE OSBORNE ----- 17 SHADE ST., LEXINGTON, MA 02421	DIV. DIRECTOR 40	75,000.	151.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MERIDIAN MANAGEMENT SERVICES ----- 1460 8TH STREET NE, NAPLES, FL 34120	COMPUTER CONSULTATION	113,359.
MCGLADREY & PULLEN ----- 21 B STREET, BURLINGTON, MA 01803	AUDITING	63,550.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including 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 ► \$ _____ 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. SEE STATEMENT 14	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)	4a	X

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 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 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 A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 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 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.)

RIVERSIDE COMMUNITY MENTAL HEALTH AND

Schedule A (Form 990 or 990-EZ) 2000 RETARDATION CENTER, INC.

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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	68,751.	121,362.	30,937.	21,699.	242,749.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	2,391,157.	22,284,721.	19,196,282.	18,257,852.	62,130,012.
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			81,221.		81,221.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	94,281.	48,065.	87,186.	10,954.	240,486.
23 Total of lines 15 through 22	2,554,189.	22,454,148.	19,395,626.	18,290,505.	62,694,468.
24 Line 23 minus line 17	163,032.	169,427.	199,344.	32,653.	564,456.
25 Enter 1% of line 23	25,542.	224,541.	193,956.	182,905.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 11,289.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 564,456.
	d Add: Amounts from column (e) for lines 18 <u>81,221.</u> 19 _____ 22 <u>240,486.</u> 26b _____				26d 321,707.
	e Public support (line 26c minus line 26d total)				26e 242,749.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 43.0058%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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 (1999) N/A (1998) (1997) (1996)				
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add: Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

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

N/A

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
 Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <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		
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)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

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 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- 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)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization **RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.**

Employer identification number
04-3097170

Organization type (check one)-Section 501(c)(3) ◀ (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for these forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations

Name of organization
**RIVERSIDE COMMUNITY MENTAL HEALTH AND
 RETARDATION CENTER, INC.**

Employer identification number
04-3097170

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

2000 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Use No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Or Depreciation
	PROGRAM SERVICES											
1	LAND	VARIESSL		.000	19	1354286.			1354286.			0.
2	BUILDINGS	VARIESSL		.000	19	3134939.			3134939.	718,917.		0.
3	BUILDING IMPROVEMENTS	VARIESSL		.000	19	551,846.			551,846.	107,355.		0.
4	LEASEHOLD IMPROVEMENTS	VARIESSL		.000	19	566,717.			566,717.	334,925.		0.
5	RESIDENTIAL FURNISHINGS	VARIESSL		.000	19	74,265.			74,265.	57,347.		0.
6	OFFICE FURNISHINGS	VARIESSL		.000	19	114,602.			114,602.	87,961.		0.
7	EQUIPMENT	VARIESSL		.000	19	439,479.			439,479.	311,765.		0.
8	COMPUTERS	VARIESSL		.000	19	516,746.			516,746.	438,563.		0.
9	MOTOR VEHICLES	VARIESSL		.000	19	14,646.			14,646.	14,646.		0.
10	CAPITAL BUDGET OFFICE FURNISHINGS	VARIESSL		.000	19	17,419.			17,419.	11,703.		0.
11	CAPITAL BUDGET EQUIPMENT	VARIESSL		.000	19	17,607.			17,607.	6,574.		0.
12	CAPITAL BUDGET COMPUTERS	VARIESSL		.000	19	54,134.			54,134.	49,502.		0.
13	STATE RES. FURNISHINGS	VARIESSL		.000	19	26,330.			26,330.	26,061.		0.
14	IMPROVEMENTS	VARIESSL		.000	19	452.			452.	328.		0.
	* 990 PAGE 2 TOTAL					6883468.		0.	6883468.	2165647.	0.	0.
	PROGRAM SERVICES											
	* GRAND TOTAL 990 PAGE 2					6883468.		0.	6883468.	2165647.	0.	0.
	DEPR											

(D) - Asset disposed

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS FUNDRAISING EVENTS	15,944.		15,944.		15,944.
TO FM 990, PART I, LINE 9	15,944.		15,944.		15,944.

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BAD DEBTS	1,904,689.	1,904,689.	0.		
DUES & SUBSCRIPTIONS	28,947.	10,970.	17,977.		
OFFICE SUPPLIES	150,162.	105,051.	45,111.		
ADVERTISING	251,712.	227,735.	23,977.		
TRAINING	70,392.	39,253.	31,139.		
OTHER PROFESSIONAL SERVICES	882,162.	556,418.	325,744.		
OTHER	146,119.	38,962.	107,157.		
INSURANCE	208,439.	159,952.	48,487.		
TOTAL TO FM 990, LN 43	3,642,622.	3,043,030.	599,592.		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
PART III			

EXPLANATION

RIVERSIDE MANAGES AN INTEGRATED SYSTEM OF MENTAL HEALTH CARE, MENTAL RETARDATION SERVICES, SUBSTANCE ABUSE TREATMENT, AND HEALTH AND SOCIAL SERVICES TO INDIVIDUALS AND FAMILIES IN A NUMBER OF EASTERN AND CENTRAL MASSACHUSETTS COMMUNITIES. RIVERSIDE SERVES INFANTS, CHILDREN, ADOLESCENTS, ADULTS, AND ELDERS THROUGH PROGRAMS, INCLUDING 24-HOUR MOBILE CRISIS INTERVENTION; A BROAD RANGE OF OUTPATIENT COUNSELING AND MEDICATION OPTIONS; A WIDE VARIETY OF DAY PROGRAMS; OUTREACH AND IN-HOME CARE: VOCATIONAL SERVICES; AND ACUTE, SHORT- AND LONG-TERM RESIDENTIAL SUPPORT.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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DESCRIPTION OF PROGRAM SERVICE TWO

MENTAL HEALTH RESIDENTIAL SERVICES - COMMUNITYBASED RESIDENCE AND SUPPORTED HOUSING RANGING FROM 24 HOUR STAFFING TO SEMI-INDEPENDENT LIVING SITUATIONS. THESE SETTINGS PROVIDE A FRAMEWORK TO SUPPORT INDIV. WITH DEVELOPMENTAL DISABILITIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		5,341,933.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE FOUR

OUTPATIENT AND DAY TREATMENT SERVICES - COUNSELING AND MEDICATION SERVICES ARE PROVIDED THROUGH PROGRAM SITES AND INCLUDE INDIVIDUAL AND FAMILY TREATMENT, MEDICATION ADMIN., CONSOLATION, EDUCATION AND COORDINATION WITH OTHER SERV PROV.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		7,653,031.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CRISIS SERVICES - INTERVENTION, STABILIZATION AND RESIDENCE PROGRAMS		2,058,979.
CLUBHOUSE SERVICES - PEER SUPPORT AND REHABILITATIVE ENVIRONMENT PROVIDE SER		1,855,421.
TOTAL TO FORM 990, PART III, LINE E		3,914,400.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,354,286.	0.	1,354,286.
BUILDINGS	3,134,939.	718,917.	2,416,022.
BUILDING IMPROVEMENTS	551,846.	107,355.	444,491.
LEASEHOLD IMPROVEMENTS	566,717.	334,925.	231,792.
RESIDENTIAL FURNISHINGS	74,265.	57,347.	16,918.
OFFICE FURNISHINGS	114,602.	87,961.	26,641.
EQUIPMENT	439,479.	311,765.	127,714.
COMPUTERS	516,746.	438,563.	78,183.
MOTOR VEHICLES	14,646.	14,646.	0.
CAPITAQL BUDGET OFFICE FURNISHINGS	17,419.	11,703.	5,716.
CAPITAL BUDGET EQUIPMENT	17,607.	6,574.	11,033.
CAPITAL BUDGET COMPUTERS	54,134.	49,502.	4,632.
STATE RES. FURNISHINGS	26,330.	26,061.	269.
STATE LEASEHOLD IMPROVEMENTS	452.	328.	124.
TOTAL TO FORM 990, PART IV, LN 57	6,883,468.	2,165,647.	4,717,821.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
DEPOSITS	97,430.
DEFERRED FINANCING COSTS	46,774.
CONSTRUCTION IN PROGRESS	40,273.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	184,477.

FORM 990 MORTGAGES PAYABLE STATEMENT 9

DESCRIPTION	BALANCE DUE
FLEET	129,156.
HOUSE OF AFFIRMATION,	325,338.
HOUSE OF AFFIRMATION,	32,297.
BANC BOSTON MORTGAGE CORP	246,924.
SOVERIEGN BANK	180,675.
FLEET	1,176,234.
HEFA	0.
FLEET	259,537.

RIVERSIDE COMMUNITY MENTAL HEALTH AND R

04-3097170

FLEET	208,800.
FLEET	249,979.
FLEET	59,450.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	<u>2,868,390.</u>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT

FLEET BANK

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	00/00/00	0.	8.25%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
ACCOUNTS RECEIVABLE	LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	1,999,855.

LENDER'S NAME TERMS OF REPAYMENT

FLEET BANK \$2109/MO.

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
07/13/95	07/13/00	104,000.	8.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
	NOTE PAYABLE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	0.

LENDER'S NAME TERMS OF REPAYMENT

VARIOUS LEASES

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
---------------------	----------------------	-----------------------------	----------------------

		0.	.00%
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<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
--------------------------------------	------------------------

FIXED ASSETS

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	13,012.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		2,012,867.
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<u>FORM 990</u>	<u>OTHER LIABILITIES</u>	<u>STATEMENT</u>	<u>11</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDS HELD IN TRUST FOR OTHERS	119,587.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	119,587.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS,
 TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RITA DIMARTINO 142-A OLD PLAINFIELD PIKE FOSTER, RI 02825	TREASURER ASRQ	0.	0.	0.
ALAN POSNER 21 PALMER ROAD WABAN, MA 02468	CHAIR ASRQ	0.	0.	0.
SENI ADIO 42 POPE HILL ROAD MILTON, MA 02186	DIRECTOR ASRQ	0.	0.	0.
SCOTT M. BOCK 949 HIGH STREET DEDHAM, MA 02026	PRESIDENT/CEO 40 HRS	117,500.	2,891.	0.
MARIE F. COPP 128 TRENTON ST MELROSE, MA 02176	CLERK ASRQ	0.	0.	0.
LAWRENCE E. GELLER 47 PARKER AVE NEWTON, MA 02459	DIRECTOR ASRQ	0.	0.	0.
ANDERS J. ENGEN 18 CUSHING ROAD WELLESLEY, MA 02481	DIRECTOR ASRQ	0.	0.	0.
FRANCES NEWTON SADDLEBACK HILL RD BELLINGHAM, MA 02019	VICE-CHAIR ASRQ	0.	0.	0.
RICHARD STALEY 20 FREEMAN NEWTON, MA 02466	DIRECTOR ASRQ	0.	0.	0.
BRIGITTE BENDER 100 WARREN ST., APT. B207 WATERTOWN, MA 02472	DIRECTOR ASRQ	0.	0.	0.
RICHARD WALLACE 33 BELMONT ST MELROSE, MA 02176	DIRECTOR ASRQ	0.	0.	0.

ROSEDA WARREN 14 ARDEN ROAD WELLESLEY, MA 02482	DIRECTOR ASRQ	0.	0.	0.
ALAN WEST 1106 WEBSTER ST NEEDHAM, MA 02492	DIRECTOR ASRQ	0.	0.	0.
GILBERT BASS 75 GROVE STREET WELESLEY, MA 02482	DIRECTOR ASRQ	0.	0.	0.
DAVID WORMLEY 7 ORCHARD STREET MILFORD, MA 01759	DIRECTORY ASRQ	0.	0.	0.
BEVERLY NEWMAN 16 PICKWICK RD. W. NEWTON 02465	DIRECTOR ASRQ	0.	0.	0.
MICHAEL BROAD 65 WALDEN ST. NEWTONVILLE, MA 02460	DIRECTOR ASRQ	0.	0.	0.
PAUL SHEIBER 23D HAWTHORNE VILLAGE FRANKLIN, MA 02038	DIRECTOR ASRQ	0.	0.	0.
MARSHA MEDALIE PO BOX 293 DEDHAM, MA 02026	C.O.O. 40 HOURS	90,000.	2,850.	0.
EDMUND FERRARA 47 SHORT STREET NORWOOD, MA 02062	DIRECTOR ASRQ	0.	0.	0.
SANDY CADES 121BOGASTOW BROOK HOLLISTON, MA 01746	VP ADMIN & FINANCE 40 HRS.	90,000.	7,570.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>297,500.</u>	<u>13,311.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

ALL RIVERSIDE COMMUNITY MENTAL HEALTH AND RETARDATION CENTER, INC. IS A NOT-FOR-PROFIT ORGANIZATION DEDICATED TO THE DEVELOPMENT AND DELIVERY OF AN INNOVATIVE RANGE OF MENTAL HEALTH, MENTAL RETARDATION, SUBSTANCE ABUSE, AND SOCIAL SERVICES. SPECIAL EMPHASIS IS PLACED ON PROVIDING COMPREHENSIVE AND PROGRESSIVE COMMUNITY-BASED ALTERNATIVES TO

INSTITUTIONAL CARE IN WHICH CONSUMERS ARE ACTIVE PARTNERS IN THE
DELIVERY OF SERVICE.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 14

BOX 33- RIVERSIDE LEASES VEHICLES FROM, AND IS THE SOLE CUSTOMER OF, CENTRAL NORFOLK HUMAN DEV., A NOT-FOR-PROFIT CORP. RELATED THROUGH COMMON BOARD MEMBERS.

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
OTHER INCOME	61,263.	15,047.	39,154.	10,954.
CDBC INCOME			32,641.	
BAD DEBT RECOVERY	33,018.	33,018.	15,391.	
TOTAL TO SCHEDULE A, LINE 22	94,281.	48,065.	87,186.	10,954.

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ See separate instructions ▶ Attach this form to your return

Name(s) shown on return: **RIVERSIDE COMMUNITY MENTAL HEALTH AND RETARDATION CENTER, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **04-3097170**

Part I Election To Expense Certain Tangible Property (Section 179) Note If you have any "listed property," complete Part V before you complete Part I)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	20,000.
2	Total cost of section 179 property placed in service. See instructions	
3	Threshold cost of section 179 property before reduction in limitation	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from 1999		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	▶	13

Note Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions.

Section B - General Depreciation System (GDS) (See instructions)

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

Section C - Alternative Depreciation System (ADS) (See instructions)

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

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

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	0.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed? Yes No **23b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
26 Add amounts in column (h) Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i) Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year					
41 Amortization of costs that began before 2000				41	
42 Total Add amounts in column (f) See instructions for where to report				42	

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

File by the due date for filing your return. See instructions.	Type or print	Name of Exempt Organization	Employer identification number
		RIVERSIDE COMMUNITY MENTAL HEALTH CENTER	04-3097170
		Number, street, and room or suite no. If a P O box, see instructions 450 WASHINGTON STREET, NO. 201	
		City, town or post office, state, and ZIP code. For a foreign address, see instructions DEDHAM, MA 02026	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2000, and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ B. Mather Title ▶ CPA

Date ▶ 12/30/01

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.	
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	RIVERSIDE COMMUNITY MENTAL HEALTH CENTER		04-3097170
	Number, street, and room or suite no. If a P O box, see instructions		For IRS use only
	450 WASHINGTON STREET, NO. 201		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	DEDHAM, MA 02026		

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit **Group Exemption Number (GEN)** _____ If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2002

5 For calendar year _____, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME NEEDED TO PREPARE COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 2/14/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name	RSM MCGLADREY, INC.
	Number and street (include suite, room, or apt. no.) Or a P O box number	21 B STREET
	City or town, province or state, and country (including postal or ZIP code)	BURLINGTON MA 01803