

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

D Employer identification number: **04-3097170**

E Telephone number: **781-329-0909**

F Accounting method: Cash Accrual

G Website: **WWW.RIVERSIDECC.ORG**

J Organization type: 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **36,636,596.**

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates: **N/A**

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

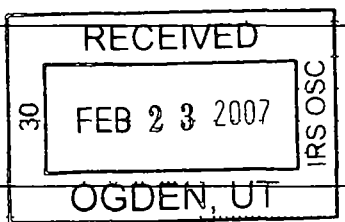
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: **N/A**

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	514,448.		
b	Indirect public support	1b	95.		
c	Government contributions (grants)	1c	250,255.		
d	Total (add lines 1a through 1c) (cash \$ 764,798. noncash \$ _____)	1d	764,798.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	35,520,112.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	46,190.		
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 sales 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			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
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	305,496.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	36,636,596.		
13	Program services (from line 44, column (B))	13	31,345,675.		
14	Management and general (from line 44, column (C))	14	4,453,118.		
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	35,798,793.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	837,803.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,960,055.		
20	Other changes in net assets or fund balances (attach explanation)	20	309,819.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,107,677.		

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**RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.**

Form 990 (2005)

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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 \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	763,421.	0.	763,421.	0.
26 Other salaries and wages	21,007,821.	19,209,063.	1,798,758.	
27 Pension plan contributions				
28 Other employee benefits	1,972,097.	1,720,795.	251,302.	
29 Payroll taxes	1,777,750.	1,568,287.	209,463.	
30 Professional fundraising fees				
31 Accounting fees	67,320.		67,320.	
32 Legal fees	36,869.		36,869.	
33 Supplies	2,000,793.	1,673,140.	327,653.	
34 Telephone	261,786.	235,299.	26,487.	
35 Postage and shipping	60,864.	20,995.	39,869.	
36 Occupancy	3,611,064.	3,207,664.	403,400.	
37 Equipment rental and maintenance	260,607.	229,169.	31,438.	
38 Printing and publications	113,210.	26,371.	86,839.	
39 Travel	936,761.	894,865.	41,896.	
40 Conferences, conventions, and meetings				
41 Interest	662,400.	568,320.	94,080.	
42 Depreciation, depletion, etc (attach schedule)	616,126.	534,697.	81,429.	
43 Other expenses not covered above (itemize)				
a PURCHASED SERVICES	1,018,185.	886,983.	131,202.	
b PROVISION FOR				
c UNCOLLECTIBLE AMOUNTS	360,702.	340,702.	20,000.	
d INSURANCE	271,017.	229,325.	41,692.	
e				
f				
g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	35,798,793.	31,345,675.	4,453,118.	0.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.**

Form 990 (2005)

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

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

What is the organization's primary exempt purpose? ► CHARITABLE - COMMUNITY BASED MENTAL HEALTH SERVICES	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a FAMILY AND BEHAVIORAL HEALTH SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,751,643.
b CLUBHOUSE SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,457,632.
c DEVELOPMENT AND COGNITIVE DISABILITIES SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,588,036.
d MENTAL HEALTH RESIDENTIAL SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,548,364.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31,345,675.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	31,345,675.

Form **990** (2005)

**RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.**

Form 990 (2005)

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Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	30,291.	45	33,952.	
	46 Savings and temporary cash investments	545,906.	46	735,465.	
	47 a Accounts receivable	3,288,810.			
	b Less allowance for doubtful accounts	736,988.	2,790,281.	47c	2,551,822.
	48 a Pledges receivable	194,532.			
	b Less allowance for doubtful accounts	20,000.		48c	174,532.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	114,384.	53		225,801.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation			55c	
	56 Investments - other			56	
	57 a Land, buildings, and equipment basis	19,816,658.			
	b Less accumulated depreciation	3,488,522.	15,536,226.	57c	16,328,136.
58 Other assets (describe ▶ SEE STATEMENT 2)		252,367.	58	504,777.	
59 Total assets (must equal line 74) Add lines 45 through 58		19,269,455.	59	20,554,485.	
Liabilities	60 Accounts payable and accrued expenses	2,086,305.	60	2,200,204.	
	61 Grants payable		61		
	62 Deferred revenue	17,080.	62	83,522.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	10,869,722.	64b	10,667,723.	
	65 Other liabilities (describe ▶ SEE STATEMENT 3)		336,293.	65	495,359.
66 Total liabilities. Add lines 60 through 65)		13,309,400.	66	13,446,808.	
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	5,335,652.	67	6,456,322.	
	68 Temporarily restricted	624,403.	68	651,355.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		5,960,055.	73	7,107,677.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		19,269,455.	74	20,554,485.

Form 990 (2005)

**RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.**

Form 990 (2005)

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

a Total revenue, gains, and other support per audited financial statements		a	36,946,415.
b Amounts included on line a but not on Part I, line 12			
1 Net unrealized gains on investments	b1	309,819.	
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	309,819.
c Subtract line b from line a		c	36,636,596.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12) Add lines c and d		e	36,636,596.

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

a Total expenses and losses per audited financial statements		a	35,798,793.
b Amounts included on line a but not on Part I, line 17			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	35,798,793.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17) Add lines c and d		e	35,798,793.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 4 -----		734,935.	28,486.	0.

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RETARDATION CENTER, INC.**

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

<p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 18</p> <p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p> <p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?</p> <p>Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p> <p>d Does the organization have a written conflict of interest policy?</p>	75a		
	75b		X
	75c		X
	75d		X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE ----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
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Part VI Other Information (See the instructions) Yes No

<p>76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p> <p>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</p> <p>78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A</p> <p>79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement</p> <p>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? b If "Yes," enter the name of the organization ▶ CENTRAL NORFOLK HUMAN DEVELOPMENT, INC. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</p> <p>81 a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0.</p> <p>b Did the organization file Form 1120-POL for this year?</p>	76		
	77		X
	78a		X
	78b		
	79		X
	80a	X	
	81a		
	81b		X

**RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.**

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Part VI Other Information <i>(continued)</i>		Yes	No
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 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 on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		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 <u>MA</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		704
91 a The books are in care of <u>DEBRA HARRIS</u> Telephone no. <u>781-329-0909</u> Located at <u>450 WASHINGTON STREET, DEDHAM, MA</u> ZIP + 4 <u>02026</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
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

Form 990 (2005)

RIVERSIDE COMMUNITY MENTAL HEALTH AND
RETARDATION CENTER, INC.

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Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512-513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONTRACT REVENUE					24,660,448.
b CLIENT SERVICE FEES					4,497,725.
c					
d					
e					
f Medicare/Medicaid payments					6,361,939.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	46,190.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a FOOD REVENUE			03	22,706.	
b COMMUNITY REVENUE					1.
c FOOD STAMP REVENUE					100,618.
d MISCELLANEOUS REVENUE			01	182,171.	
e					
104 Subtotal (add columns (B), (D), and (E))		0.		251,067.	35,620,731.
105 Total (add line 104, columns (B), (D), and (E))					35,871,798.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 5

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Please Sign Here

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

Signature of officer: *Debra Harris* Date: 2/10/07 Type or print name and title: Debra Harris, VP + CFO

Paid Preparer's Use Only

Preparer's signature: *Robin Linn* Date: 2/10/07 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: FEELEY & DRISCOLL, P.C.
200 PORTLAND STREET
BOSTON, MA 02114

EIN: _____ Phone no.: 617-742-7788

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **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 page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>DAVID MIRSKY, MD</u> 68 HYDE STREET, NEWTON HIGHLANDS, MA	PSYCHIATRIST 40.00	137,570.	7,075.	
<u>MARK STRECKER, MD</u> 152 WOBURN STREET, LEXINGTON, MA 0242	PSYCHIATRIST 40.00	147,194.	10,878.	
<u>KIMBERLY LOVETT</u> 4 ADAMS CIRCLE, FRANKLIN, MA, 02038	PSYCHIATRIST 40.00	148,461.	504.	
<u>STEPHANIE DAVIDOFF</u> 76 WHITNEY ST, SHERBORNE, MA, 01770	PSYCHIATRIST 40.00	100,010.	5,086.	
<u>WILLIAM MADDIX</u> 11 ROXBURY AVE, NATICK, MA 01760	DIV. DIRECTOR 40.00	94,827.	10,878.	
Total number of other employees paid over \$50,000	▶ 33			

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

(See page 2 of the 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
<u>NUTLEY CONSTRUCTION, INC.</u> 60 ALBION RD, QUINCY, MA 20170	CONSTRUCTION	657,602.
<u>MACDONALD & VACCARO INS</u> 9 BEDFORD ST, BURLINGTON, MA 01803	INSURANCE	406,837.
<u>WILLIAM E LUCE</u> 251 HUNTINGTON RD, NEEDHAM HEIGHTS, MA 02494	ELECTRICIAN	200,549.
<u>MARK'S TRANSPORTATION</u> 51 EAST MAIN ST, MILFORD, MA 01757	TRANSPORTATION	102,667.
<u>LC ANDERSON, INC</u> 15 SOLDIERS FIELD RD, BOSTON, MA 02135	HVAC	102,455.
Total number of others receiving over \$50,000 for professional services	▶ 9	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>HARVARD PILGRIM HEALTH</u> PO BOX 970050, BOSTON, MA 02297	TAX AND FRINGE	2568576.
<u>AMERICAN EXPRESS</u> PO BOX 329000, WESTON, FL 33332	PURCHASING CARDS	955,844.
<u>ALEVEROS AMES TRUST</u> 22 MOADNOCK RD, WELLESLEY, MA 02181	LANDLORD	267,685.
<u>EMKAY INC</u> PO BOX 13520, NEWARK, NJ 07188	VEHICLE LEASING COMPANY	255,972.
<u>WINDSOR GARDNENS</u> 624 WALPOLE ST, NORWOOD, MA 02062	LANDLORD	246,401.
Total number of other contractors receiving over \$50,000 for other services	▶ 40	

RIVERSIDE COMMUNITY MENTAL HEALTH AND

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, 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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

- 5 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.)
- 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. **▶** Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 of the instructions.)

RIVERSIDE COMMUNITY MENTAL HEALTH AND

Schedule A (Form 990 or 990-EZ) 2005 **RETARDATION CENTER, INC.**

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	722,845.	746,879.	917,066.	760,376.	3,147,166.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	33,790,754.	31,240,909.	30,943,356.	29,636,852.	125,611,871.
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	29,724.	11,020.	17,683.	7,624.	66,051.
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	205,985.	318,318.	SEE STATEMENT 6 78,568.	83,976.	686,847.
23 Total of lines 15 through 22	34,749,308.	32,317,126.	31,956,673.	30,488,828.	129,511,935.
24 Line 23 minus line 17	958,554.	1,076,217.	1,013,317.	851,976.	3,900,064.
25 Enter 1% of line 23	347,493.	323,171.	319,567.	304,888.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 78,001.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,900,064.
d Add: Amounts from column (e) for lines: 18 66,051. 19 _____ 22 686,847. 26b _____					26d 752,898.
e Public support (line 26c minus line 26d total)					26e 3,147,166.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.6952%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

RIVERSIDE COMMUNITY MENTAL HEALTH AND

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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	

RIVERSIDE COMMUNITY MENTAL HEALTH AND

Schedule A (Form 990 or 990-EZ) 2005 **RETARDATION CENTER, INC.**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

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

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (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)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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) (See page 11 of the instructions.)

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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

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

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

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

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

Yes No (X) No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
GAIN ON INTEREST RATE SWAP		309,819.	
TOTAL TO FORM 990, PART I, LINE 20		309,819.	

FORM 990	OTHER ASSETS	STATEMENT	2
DESCRIPTION		AMOUNT	
DEFERRED FINANCING COSTS		141,609.	
SECURITY DEPOSITS		81,650.	
INTEREST RATE SWAP		281,518.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		504,777.	

FORM 990	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		AMOUNT	
FUNDS HELD IN TRUST FOR OTHERS		323,119.	
DUE TO AFFILIATE		172,240.	
INTEREST RATE SWAP		0.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		495,359.	

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 4
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SCOTT M. BOCK 450 WASHINGTON STREET DEDHAM, MA 02026	PRESIDENT/CEO 40.00	180,000.	4,285.	0.
ALAN POSNER 450 WASHINGTON STREET DEDHAM, MA 02026	VICE CHAIRMAN 2.00	0.	0.	0.
ANDERS ENGEN 450 WASHINGTON STREET DEDHAM, MA 02026	CHAIR 2.00	0.	0.	0.
FRANCES NEWTON 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
DAVID S. FORD 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
MARSHA MEDALIE 450 WASHINGTON STREET DEDHAM, MA 02026	EXECUTIVE VP/COO 40.00	150,000.	4,285.	0.
KENNETH E. HEYMAN 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
JANET SHARPE 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
LAURA S. OLTON 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
MARBO HANSEN 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
RICHARD WALLACE 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.

EDMUND FERRARA 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	119,731.	10,878.	0.
ALAN WEST 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
GILBERT BASS 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
DAVID WORMLEY 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
PAUL SHEIBER 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
MICHAEL BROAD 450 WASHINGTON STREET DEDHAM, MA 02026	CLERK 2.00	0.	0.	0.
SAM TURNER 450 WASHINGTON STREET DEDHAM, MA 02026	DIRECTOR 2.00	0.	0.	0.
FRANCIS X. RADLEY 450 WASHINGTON STREET DEDHAM, MA 02026	VP-ACCOUNTING & FINANCE 40.00	69,878.	1,201.	0.
NANCY MEEGAN 450 WASHINGTON STREET DEDHAM, MA 02026	VP 40.00	0.	0.	0.
EUGENE CACCIOLA 450 WASHINGTON STREET DEDHAM, MA 02026	MEDICAL DIRECTOR 40.00	155,707.	504.	0.
DEBRA HARRIS 450 WASHINGTON STREET DEDHAM, MA 02026	VP CFO 40.00	59,619.	7,333.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>734,935.</u>	<u>28,486.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 5
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES
 93 THE DEVELOPMENT AND DELIVERY OF A RANGE OF INNOVATIVE MENTAL HEALTH,
 103 MENTAL RETARDATION, SUBSTANCE ABUSE, AND SOCIAL SERVICES PROVIDES A
 COMPREHENSIVE AND PROGRESSIVE COMMUNITY BASED LEVEL OF CARE TO
 THOSE INDIVIDUALS WITHIN THE COMMUNITY WHO REQUIRE SUCH SERVICES
 BECAUSE OF PHYSICAL OR MENTAL INFIRMITY.

SCHEDULE A OTHER INCOME STATEMENT 6

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER REVENUE	205,985.	318,318.	78,568.	83,976.
TOTAL TO SCHEDULE A, LINE 22	205,985.	318,318.	78,568.	83,976.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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)

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization RIVERSIDE COMMUNITY MENTAL HEALTH AND RETARDATION CENTER, INC.	Employer identification number 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 type="checkbox"/> Form 990 | <input checked="" 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 |

- The books are in the care of ▶ **DEBRA HARRIS**
Telephone No ▶ **781-329-0909** FAX No ▶ **781-320-9136**
- 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

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**
- 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)