

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)

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

Please use IRS label or print or type See Specific Instructions

C Name of organization NORTHERN RHODE ISLAND COMMUNITY MENTAL HEALTH CENTER, INC.

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 1700

City or town, state or country, and ZIP + 4

WOONSOCKET, RI 02895

D Employer identification number

05-0312278

E Telephone number 235-7000

(401) 766-3330

F Accounting method Cash [X] Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? N/A Yes [] No []

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

I Group Exemption Number N/A

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

G Website: WWW.NRICOMMUNITYSERVICES.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

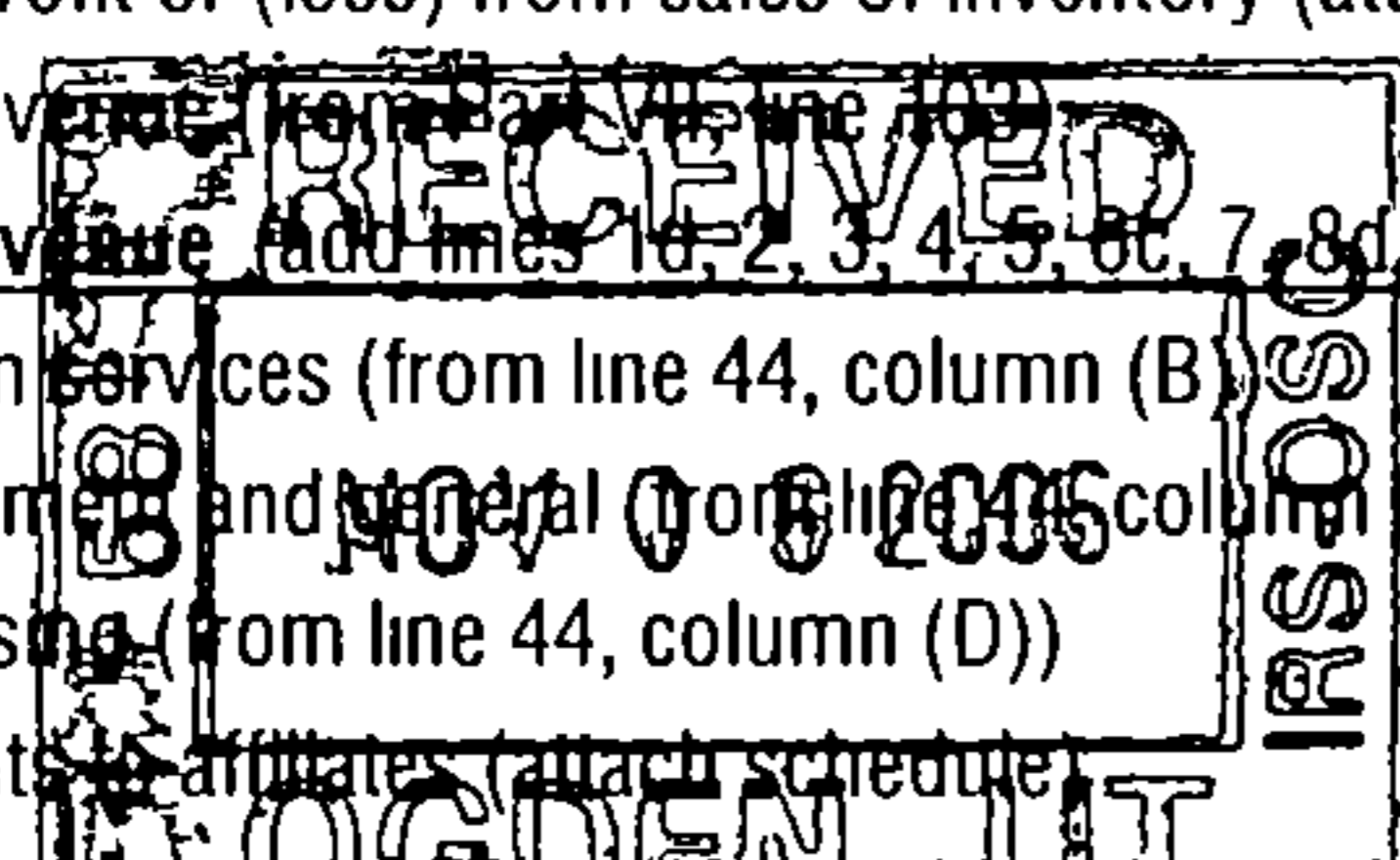
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 13,545,273.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, sales of assets, special events, and inventory sales. Total revenue is 13,545,273 and total expenses is 13,726,782.

SCANNED NOV 20 06



Handwritten number 17515

NORTHERN RHODE ISLAND COMMUNITY
 MENTAL HEALTH CENTER, INC.

Form 990 (2005)

05-0312278 Page 2

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"/> 22	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc **	25	148,564.	127,765.	20,799.	0.
26 Other salaries and wages	26	8,689,157.	7,941,970.	747,187.	
27 Pension plan contributions	27	226,768.	203,298.	23,470.	
28 Other employee benefits	28	760,213.	693,909.	66,304.	
29 Payroll taxes	29	650,820.	595,045.	55,775.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	265,030.	241,376.	23,654.	
34 Telephone	34	193,251.	167,340.	25,911.	
35 Postage and shipping	35	30,888.	18,214.	12,674.	
36 Occupancy	36	293,600.	231,397.	62,203.	
37 Equipment rental and maintenance	37	235,194.	219,270.	15,924.	
38 Printing and publications	38				
39 Travel	39	240,966.	232,539.	8,427.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	38,926.	20,238.	18,688.	
42 Depreciation, depletion, etc. (attach schedule)	42	335,968.	335,968.		
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 2	43g	1,617,437.	1,065,645.	551,792.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	13,726,782.	12,093,974.	1,632,808.	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)

** SEE STATEMENT 3

NORTHERN RHODE ISLAND COMMUNITY
 MENTAL HEALTH CENTER, INC.

Form 990 (2005)

05-0312278 Page 3

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? ► SEE STATEMENT 4	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 HOME & COMMUNITY SUPPORT - PROVIDE COUNSELING SERVICES TO ADULTS AND CHILDREN WITH MENTAL AND/OR SUBSTANCE ABUSE ILLNESS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,767,516.
b RESIDENTIAL/HOUSING - PROVIDE COUNSELING SERVICES AND RESIDENTIAL FACILITIES TO THE CHRONICALLY MENTALLY ILL AND SUBSTANCE ABUSE AFFLICTED CLIENTELE.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,077,645.
c OTHER PROGRAMS - OTHER SERVICES PROVIDED TO ADULTS & CHILDREN WITH MENTAL AND/OR SUBSTANCE ABUSE ILLNESS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,248,813.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	12,093,974.

Form 990 (2005)

NORTHERN RHODE ISLAND COMMUNITY
 MENTAL HEALTH CENTER, INC.

Form 990 (2005)

05-0312278 Page 4

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	648,425.	45	478,989.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 886,067.		
	b Less allowance for doubtful accounts	47b	47c	886,067.
	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	61,972.	53	77,574.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment - basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 5	1,046,450.	56	810,623.
57 a Land, buildings, and equipment - basis	57a 4,802,926.			
b Less accumulated depreciation	57b 2,877,642.	1,927,328.	57c	1,925,284.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)		122,862.	58	155,750.
59 Total assets (must equal line 74) Add lines 45 through 58		4,696,722.	59	4,334,287.
Liabilities	60 Accounts payable and accrued expenses	920,410.	60	760,400.
	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	746,484.	64b	648,269.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)		162,068.	65
66 Total liabilities. Add lines 60 through 65)		1,828,962.	66	1,648,036.
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	2,867,760.	67	2,686,251.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		2,867,760.	73	2,686,251.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		4,696,722.	74	4,334,287.

Form 990 (2005)

NORTHERN RHODE ISLAND COMMUNITY
 MENTAL HEALTH CENTER, INC.

Form 990 (2005)

05-0312278 Page 7

Part VI Other Information (continued)		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	236,700.
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	N/A
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 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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 ▶ RI		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	264
91 a	The books are in care of ▶ BROOKS HERRICK Telephone no. ▶ 401 766-3330 Located at ▶ 515 SOCIAL STREET, WOONSOCKET, RI ZIP + 4 ▶ 02895		
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 ▶ N/A 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 ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

Form 990 (2005)

NORTHERN RHODE ISLAND COMMUNITY
 MENTAL HEALTH CENTER, INC.

Form 990 (2005)

05-0312278 Page 8

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

	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 3RD PARTY FEES FOR SVC					265,657.
b RENT & SUBSIDIES					169,443.
c PROGRAM FEES					424,858.
d					
e					
f Medicare/Medicaid payments					9,629,456.
g Fees and contracts from government agencies					2,979,627.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	28,798.	
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					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		28,798.	13,469,041.
105 Total (add line 104, columns (B), (D), and (E))					13,497,839.

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 10

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: *[Signature]* Date: 11/3/06 Type or print name and title: Brooks R. Herrick, VP Finance

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 11/1/06 Check if self-employed: Preparer's SSN or PTIN: P00167843

Firm's name (or yours if self-employed), address, and ZIP + 4: KAHN, LITWIN, RENZA & CO., LTD. 951 NORTH MAIN STREET PROVIDENCE, RI 02904

EIN: 05-0409384 Phone no.: 401-274-2001

Organization Exempt Under Section 501(c)(3)

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

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 **NORTHERN RHODE ISLAND COMMUNITY
MENTAL HEALTH CENTER, INC.** Employer identification number
05 0312278

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>SCOTT D. HALTZMAN, MD</u> 19 TERRACE DRIVE, BARRINGTON, RI 028	MED DIRECTOR 37.50	210,444.	19,310.	
<u>PAMELA SHERVANICK, MD</u> 179 WENTWORTH AVENUE, CRANSTON, RI 02	PSYCHIATRIST 36.00	105,198.	3,295.	
<u>JULIE FORREST, MD</u> 2 HIDDEN MEADOWS LANE, WRENTHAM, MA	PSYCHIATRIST 37.50	151,109.	8,762.	
<u>MATHEW MATHEW, MD</u> 12 BUSWORTH ROAD, FRAMINGHAM, MA 0170	PSYCHIATRIST 40.00	147,916.	2,943.	
<u>JOHN O'DONNELL</u> 10 EVERGREEN DRIVE, SEEKONK, MA 02771	IT DIRECTOR 40.00	89,191.	8,755.	
Total number of other employees paid over \$50,000 ▶	15			

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>STEPHEN DIZIO, MD</u> BARRINGTON, RI 02906, 21 NORTH LAKE DRIVE	PSYCHIATRIC SERVICES	64,152.

Total number of others receiving over \$50,000 for professional services ▶	0	

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
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

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.)

NORTHERN RHODE ISLAND COMMUNITY

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

05-0312278 Page 3

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.)	50,078.	41,948.	35,912.	44,616.	172,554.
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	12,794,201.	12,565,200.	11,944,557.	10,721,623.	48,025,581.
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	18,374.	10,664.	2,428.	6,525.	37,991.
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					
23 Total of lines 15 through 22	12,862,653.	12,617,812.	11,982,897.	10,772,764.	48,236,126.
24 Line 23 minus line 17	68,452.	52,612.	38,340.	51,141.	210,545.
25 Enter 1% of line 23	128,627.	126,178.	119,829.	107,728.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 172,554. 16 _____ 17 48,025,581. 20 _____ 21 _____					27c 48,198,135.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 48,198,135.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 48,236,126.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.9212%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0788%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

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.)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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 (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 -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
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.)

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return NORTHERN RHODE ISLAND COMMUNITY MENTAL HEALTH CENTER, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 05-0312278
--	---	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	105,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	332,802.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property		63,316.	10 YRS		S/L	3,166.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	335,968.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

NORTHERN RHODE ISLAND COMMUNITY

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year.					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

FOOTNOTES

STATEMENT 1

CHRISTIAN L. STEPHENS, CEO:

SALARY	124,931.
403B	6,173.
MEDICAL	6,444.
DENTAL	333.
LIFE INSURANCE	133.
DISABILITY INSURANCE	550.
DEFERRED COMPENSATION	10,000.

TOTAL	148,564.
-------	----------

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	650,028.	357,549.	292,479.	
PROFESSIONAL FEES	195,776.	119,059.	76,717.	
BUILDING MAINTENANCE	322,044.	302,953.	19,091.	
INSURANCE	126,631.	110,543.	16,088.	
OTHER/MISC EXP	83,371.	47,695.	35,676.	
DUES AND SUBSCRIPTIONS	89,249.	2,314.	86,935.	
BAD DEBTS	56,665.	56,665.		
STAFF DEVELOPMENT	70,073.	67,290.	2,783.	
DATA COLLECTION	23,600.	1,577.	22,023.	
TOTAL TO FM 990, LN 43	1,617,437.	1,065,645.	551,792.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHRISTIAN STEPHENS	124,931.	23,633.		148,564.
A. PROGRAM SERVICES	107,441.	20,324.		127,765.
B. MANAGEMENT AND GENERAL	17,490.	3,309.		20,799.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				127,765.
TOTAL MANAGEMENT AND GENERAL				20,799.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				148,564.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO PROVIDE OR ARRANGE HIGH QUALITY, COMPREHENSIVE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS AND SERVICES INCLUDING, BUT NOT LIMITED TO, TREATMENT, CONSULTATION, EDUCATION, OCCUPATIONAL, PREVENTION AND HOUSING SERVICES.

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
CASH INVESTED LONG-TERM	COST	810,623.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		810,623.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
INTANGIBLE ASSETS, NET	119,735.
DEPOSITS	36,015.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	155,750.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
CLIENT CUSTODIAL ACCOUNTS	119,632.
DEFERRED COMPENSATION PAYABLE	119,735.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	239,367.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTIAN L. STEPHENS 515 SOCIAL STREET WOONSOCKET, RI 02895	CEO 40.00	124,931.	23,633.	0.
PATRICK MCDONALD 515 SOCIAL STREET WOONSOCKET, RI 02895	CHAIR 0.30	0.	0.	0.
GUY M. BOULAY 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
JAMES G. THOMAS 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
LOUISE L. PHELAN 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.

RENNAE BELL 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
NANCY DEMERS 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
ROLAND M. BOUCHER 515 SOCIAL STREET WOONSOCKET, RI 02895	TREASURER 0.30	0.	0.	0.
HOWARD DAVIS 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
WILLIAM M. RYAN, ESQ 515 SOCIAL STREET WOONSOCKET, RI 02895	VICE-CHAIR 0.30	0.	0.	0.
CHRISTIAN V. CARCIFERO 515 SOCIAL STREET WOONSOCKET, RI 02895	SECRETARY 0.30	0.	0.	0.
LINDA L. DESCHENES 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
RONALD A. ESPOSITO, PH.D 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
DENISE DUSSAULT LEDUC 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
DAVID M. LAMORTE 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
BETTY VIRELLA 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
DORA WILSON 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
JODY DILAZZARO 515 SOCIAL STREET WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.

VIOLA M. BERARD	DIRECTOR			
515 SOCIAL STREET	0.30	0.	0.	0.
WOONSOCKET, RI 02895				

JUDITH DANCE	DIRECTOR			
515 SOCIAL STREET	0.30	0.	0.	0.
WOONSOCKET, RI 02895				

TOTALS INCLUDED ON FORM 990, PART V-A		<u>124,931.</u>	<u>23,633.</u>	<u>0.</u>
---------------------------------------	--	-----------------	----------------	-----------

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
BLACKSTONE VALLEY MENTAL HEALTH REALTY CORPORATION	X	
SUTHERLAND APARTMENTS, INC.	X	
COUNSELING RESOURCE ASSOCIATES, INC.	X	
SADWIN APARTMENTS, INC.	X	
ROLAND M. BOUCHER APARTMENTS, INC.	X	
LEO R. TANGUAY APARTMENTS, INC.	X	
HOUSING PARTNERS FOR POSITIVE LIVING, INC.	X	
MONDAY MORNING INDUSTRIES, INC.	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEES RECEIVED FROM THIRD PARTIES FOR SERVICES PROVIDED TO MENTALLY ILL RESIDENTS OF NORTHERN RI
93C	RENTAL REVENUE FROM CLIENTS IN NORTHERN RHODE ISLAND
93D	REVENUES FOR SERVICES PERFORMED BY CLIENTS IN SHELTERED WORKSHOP SETTINGS AND OTHER MISCELLANEOUS SERVICES
93F	MEDICARE & MEDICAID REIMBURSEMENTS FOR SERVICES PROVIDED TO CLIENTS
93G	CONTRACTED SERVICES FROM STATE, LOCAL AND FEDERAL GOVERNMENTS FOR PROVISION OF SERVICES & RESIDENTIAL FACILITIES TO MENTALLY ILL RESIDENTS OF NORTHERN RI

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
 - 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 File by the due date for filing your return See instructions	Name of Exempt Organization NORTHERN RHODE ISLAND COMMUNITY MENTAL HEALTH CENTER, INC.	Employer identification number 05-0312278
	Number, street, and room or suite no If a P O box, see instructions PO BOX 1700	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WOONSOCKET, RI 02895	

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 |

- The books are in the care of ▶ **BROOKS HERRICK**
Telephone No ▶ **401 766-3330** FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 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**

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**

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)

KAHN, LITWIN, RENZA & CO, LTD., CPAs
951 N. MAIN ST., PROVIDENCE, RI 02904-05-0409384