

**Return of Organization Exempt From Income Tax**

**2006**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>NRI COMMUNITY SERVICES, INC.</b>		<b>D</b> Employer identification number <b>05-0312278</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 1700</b>		<b>E</b> Telephone number <b>(401) 235-7000</b>
		City or town, state or country, and ZIP + 4 <b>WOONSOCKET, RI 02895</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		<b>H and I are not applicable to section 527 organizations.</b>

**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

**G** Website: **WWW.NRICOMMUNITYSERVICES.ORG**

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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)

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **14,714,414.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	46,023.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ <b>46,023.</b> noncash \$ _____)	1e	46,023.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	14,002,544.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	27,401.	
	5	Dividends and interest from securities	5		
	6a	Gross rents <b>SEE STATEMENT 1</b>	6a	63,446.	
	6b	Less: rental expenses <b>SEE STATEMENT 2</b>	6b	63,899.	
6c	Net rental income or (loss) Subtract line 6b from line 6a	6c	<453.>		
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	575,000.	
		(B) Other	8b	281,757.	
			8c	293,243.	
		d	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 3</b>	8d	293,243.
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 1b)	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			
10a	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			
12	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	14,368,758.		
Expenses	13	Program services (from line 44, column (B))	13	12,660,383.	
	14	Management and general (from line 44, column (C))	14	1,541,753.	
	15	Fundraising (from line 44, column (D))	15	23,039.	
	16	Payments to affiliates (attach schedule)	16		
	17	<b>Total expenses</b> Add lines 13 and 14, column (A)	17	14,225,175.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	143,583.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,686,251.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18, 19, and 20	21	2,829,834.	

7005182000052374 0404

G17 6

**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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other 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)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	167,483.	144,036.	23,447.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,991,475.	8,154,338.	837,137.	
27 Pension plan contributions not included on lines 25a, b, and c	190,827.	169,116.	21,711.	
28 Employee benefits not included on lines 25a - 27	729,781.	658,337.	71,444.	
29 Payroll taxes	676,343.	611,521.	64,822.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	316,546.	288,479.	28,067.	
34 Telephone	142,563.	127,323.	15,240.	
35 Postage and shipping	32,689.	17,597.	15,092.	
36 Occupancy	700,500.	603,957.	96,543.	
37 Equipment rental and maintenance	260,080.	242,859.	17,221.	
38 Printing and publications				
39 Travel	235,512.	227,182.	8,330.	
40 Conferences, conventions, and meetings				
41 Interest	81,705.	49,394.	32,311.	
42 Depreciation, depletion, etc (attach schedule)	363,802.	363,725.	77.	
43 Other expenses not covered above (itemize)				
a MISCELLANEOUS	102,012.	54,875.	24,098.	23,039.
b STAFF DEVELOPMENT	51,943.	51,030.	913.	
c PROFESSIONAL SERVICES	420,154.	233,154.	187,000.	
d INSURANCE	139,976.	133,837.	6,139.	
e DUES AND SUBSCRIPTIONS	69,359.	4,469.	64,890.	
f CONSULTANTS	552,425.	525,154.	27,271.	
g				
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	14,225,175.	12,660,383.	1,541,753.	23,039.

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

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? ► <u>SEE STATEMENT 4</u>	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.)	
<b>a HOME &amp; COMMUNITY SUPPORT - PROVIDE COUNSELING SERVICES TO ADULTS AND CHILDREN WITH MENTAL AND/OR SUBSTANCE ABUSE ILLNESS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,286,389.
<b>b RESIDENTIAL/HOUSING - PROVIDE COUNSELING SERVICES AND RESIDENTIAL FACILITIES TO THE CHRONICALLY MENTALLY ILL AND SUBSTANCE ABUSE AFFLICTED CLIENTELE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,116,011.
<b>c OTHER PROGRAMS - OTHER SERVICES PROVIDED TO ADULTS &amp; CHILDREN WITH MENTAL AND/OR SUBSTANCE ABUSE ILLNESS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,257,983.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	12,660,383.

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	478,989.	45	599,170.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 867,967.			
	b Less allowance for doubtful accounts	47b	47c	867,967.	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	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	77,574.	53	83,464.	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b	55c			
56 Investments - other	SEE STATEMENT 5	810,623.	56	376,166.	
57 a Land, buildings, and equipment basis	57a 7,042,594.				
b Less accumulated depreciation	57b 3,136,120.	1,925,284.	57c	3,906,474.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 6 )		155,750.	58	2,395,600.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		4,334,287.	59	8,228,841.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	760,400.	60	1,048,544.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities	STMT 7	64a	3,200,000.	
	b Mortgages and other notes payable		64b	1,056,908.	
	65 Other liabilities (describe <input type="checkbox"/> CLIENT CUSTODIAL ACCOUNTS )		239,367.	65	93,555.
66 <b>Total liabilities.</b> Add lines 60 through 65		1,648,036.	66	5,399,007.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted	2,686,251.	67	2,829,834.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,686,251.	73	2,829,834.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		4,334,287.	74	8,228,841.





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?		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?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	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?	N/A	85g
	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?	N/A	85h
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 a	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	88a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	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 <u>0.</u>		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>RI</u>		
	b Number of employees employed in the pay period that includes March 12, 2006	90b	237
91 a	The books are in care of <u>BROOKS HERRICK</u> Telephone no. <u>401 245-7000</u> Located at <u>800 CLINTON STREET, 3RD FLOOR, WOONSOCKET, RI</u> ZIP + 4 <u>02895</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

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

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

**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 3RD PARTY FEES FOR SVC					238,335.
b RENT & SUBSIDIES					174,443.
c PROGRAM FEES					431,523.
d _____					
e _____					
f Medicare/Medicaid payments					10,053,220.
g Fees and contracts from government agencies					3,105,023.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	27,401.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	<755.>			
b not debt-financed property	531120	302.			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	293,243.	
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))		<453.>		320,644.	14,002,544.
105 Total (add line 104, columns (B), (D), and (E))					14,322,735.

**Note:** Line 105 plus line 1e, 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)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *Brooks R. Herrick* Date: 11/15/07  
 Type or print name and title: BROOKS R. HERRICK, VP FINANCE

Paid Preparer's Use Only

Preparer's signature: *Sevokabell Hodkins* Date: 11/16/07 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): P00167843  
 Firm's name (or yours if self-employed) address and ZIP + 4: KAHN, LITWIN, BENZA & CO., LTD. 951 NORTH MAIN STREET PROVIDENCE, RI 02904  
 EIN: 05-0409384 Phone no: 401-274-2001

**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

**2006**

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

**NRI COMMUNITY SERVICES, INC.**

Employer identification number

**05 0312278**

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

(See page 2 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> <u>19 TERRACE DRIVE, BARRINGTON, RI 028</u>	<u>MED DIRECTOR</u> <u>37.50</u>	<u>217,141.</u>	<u>17,011.</u>	
<u>PAMELA S. SHERVANICK, MD</u> <u>179 WENTWORTH AVENUE, CRANSTON, RI 02</u>	<u>PSYCHIATRIST</u> <u>31.00</u>	<u>110,186.</u>	<u>5,236.</u>	
<u>JULIE FORREST, MD</u> <u>2 HIDDEN MEADOWS LANE, WRENTHAM, MA</u>	<u>PSYCHIATRIST</u> <u>37.50</u>	<u>151,079.</u>	<u>8,026.</u>	
<u>MATHEW B. MATHEW, MD</u> <u>12 BUSWORTH ROAD, FRAMINGHAM, MA 0170</u>	<u>PSYCHIATRIST</u> <u>40.00</u>	<u>174,283.</u>	<u>2,243.</u>	
<u>BROOKS HERRICK</u> <u>12 WILDWOOD CIRCLE, MILVILLE, MA 0152</u>	<u>VP OF FINANCE</u> <u>40.00</u>	<u>94,972.</u>	<u>10,620.</u>	
Total number of other employees paid over \$50,000 ▶	<b>21</b>			

**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> <u>21 NORTH LAKE DRIVE, BARRINGTON, RI 02906</u>	<u>PSYCHIATRIC SERVICES</u>	<u>73,488.</u>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**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>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

**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)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ►	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>▶</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	47,434.	50,078.	41,948.	35,912.	175,372.	
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	13,469,041.	12,794,201.	12,565,200.	11,944,557.	50,772,999.	
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	28,798.	18,374.	10,664.	2,428.	60,264.	
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	13,545,273.	12,862,653.	12,617,812.	11,982,897.	51,008,635.	
24 Line 23 minus line 17	76,232.	68,452.	52,612.	38,340.	235,636.	
25 Enter 1% of line 23	135,453.	128,627.	126,178.	119,829.		
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 2002 through 2005 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: (2005) 0. (2004) 0. (2003) 0. (2002) 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. (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
	c Add: Amounts from column (e) for lines 15 175,372. 16 _____ 17 50,772,999. 20 _____ 21 _____				27c	50,948,371.
	d Add: Line 27a total 0. and line 27b total 0.				27d	0.
	e Public support (line 27c total minus line 27d total)				27e	50,948,371.
	f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				27f	51,008,635.
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	99.8819%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	.1181%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

**Part V Private School Questionnaire** (See page 9 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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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 -		
	<b>If the amount on line 40 is -</b>		
	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		
	<b>The lobbying nontaxable amount is -</b>		
	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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
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 13 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	0.
	X	0.
	X	0.
	X	0.
	X	0.
	X	0.
	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.

**NRI COMMUNITY SERVICES, INC.** **FORM 990 PAGE 2** **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	108,000.
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	430,000.
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 2005 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 2007 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 qualified New York Liberty or Gulf Opportunity 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 2006	17	310,366.
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 2006 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		95,420.	3 YRS		S/L	16,112.
b 5-year property						
c 7-year property						
d 10-year property		446,767.	10 YRS		S/L	22,339.
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	01 / 07	2,009,480.	39 yrs	MM	S/L	23,268.
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 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	372,085.
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	

**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 qualified New York Liberty or Gulf Opportunity 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? <b>Note:</b> 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 2006 tax year					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

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

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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, 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, 2006**, and ending **JUN 30, 2007**

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.	3a	\$
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.	3b	\$
c	<b>Balance Due.</b> 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.	3c	\$ <b>N/A</b>

**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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
800 CLINTON STREET		1	63,446.
TOTAL TO FORM 990, PART I, LINE 6A			63,446.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		14,918.	
BENEFITS		2,684.	
BUILDING MAINTENANCE & SUPPLIES		7,615.	
MORTGAGE INTEREST		15,235.	
INSURANCE		1,120.	
UTILITIES & PROPERTY TAXES		14,044.	
DEPRECIATION		8,283.	
- SUBTOTAL -	1		63,899.
TOTAL TO FORM 990, PART I, LINE 6B			63,899.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF 515 SOCIAL STREET BUILDING	VARIOUS	12/15/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	575,000.	345,194.	50,171.	113,608.	293,243.
TO FM 990, PART I, LN 8	575,000.	345,194.	50,171.	113,608.	293,243.

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

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	376,166.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		376,166.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
DEPOSITS	33,030.
DEFERRED BOND FEES	169,254.
CONSTRUCTION FUND	1,358,596.
NOTES RECEIVABLE AFFILIATES	834,720.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,395,600.

FORM 990 TAX-EXEMPT BOND MORTGAGES OUTSTANDING STATEMENT 7

PURPOSE OF ISSUE

FINANCE ACQUISITION & RENOVATION OF NEW FACILITY

BOND  
RETIREMENT  
DATE

06/01/37

UNEXPENDED  
BOND  
PROCEEDS

MATURITY  
DATE

INTEREST  
RATE

USE BY THIRD PARTY

1,841,404.

06/01/37

.00%

NO

REPAYMENT TERMS

VAR RATE, VARYING INSTALLMENTS

SECURITY PROVIDED

PLEDGE, SECURITY INT IN GROSS  
RECEIPTS & REAL ESTATE

AMOUNT OF  
ISSUE  
OUTSTANDING

3,200,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

3,200,000.

---



---

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

---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTIAN L. STEPHENS PO BOX 1700 WOONSOCKET, RI 02895	PRESIDENT & CEO 40.00	145,675.	21,808.	0.
PATRICK MCDONALD PO BOX 1700 WOONSOCKET, RI 02895	CHAIR 0.30	0.	0.	0.
GUY M. BOULAY PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
JAMES G. THOMAS PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
LOUISE L. PHELAN PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
RENNAE BELL PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
NANCY DEMERS PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
ROLAND M. BOUCHER PO BOX 1700 WOONSOCKET, RI 02895	TREASURER 0.30	0.	0.	0.
HOWARD DAVIS PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
WILLIAM M. RYAN, ESQ PO BOX 1700 WOONSOCKET, RI 02895	VICE-CHAIR 0.30	0.	0.	0.
CHRISTOPHER V. CARCIFERO PO BOX 1700 WOONSOCKET, RI 02895	SECRETARY 0.30	0.	0.	0.

LINDA L. DESCHENES PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
RONALD A. ESPOSITO, PH.D PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
DENISE DUSSAULT LEDUC PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
DEBORAH A. CARROLL PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
BETTY VIRELLA PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
DORA WILSON PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
SARAH F. FOGARTY PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
JUDITH R. DANCE PO BOX 1700 WOONSOCKET, RI 02895	DIRECTOR 0.30	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		145,675.	21,808.	0.

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	
COMMUNITY STAFFING RESOURCES, INC.	X	
NRI LOCAL COORDINATING COUNCIL CHILD & ADOLESCENT SERVICES SYSTEM PROGRAM	X	
COMMUNITY RESIDENTIAL SERVICES, INC.	X	
RUSSO STREET APARTMENTS, INC.	X	

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES 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