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Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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)

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

A For the 2008 calendar year, or tax year beginning **10/2/2008**, and ending **9/30/2009**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **Riverbrook Corporation**
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address): **109 Brookline Ave**
 Room/suite: **300**
 City or town, state or country, and ZIP + 4: **Boston MA 2215**

D Employer identification number: **04-2828955**

E Telephone number: **617-667-1885**

F Name and address of principal officer: **John Szum 109 Brookline Ave, Ste 300, Boston, MA 02215**

G Gross receipts \$: **0**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**2**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Type of organization: Corporation Trust Association Other ▶

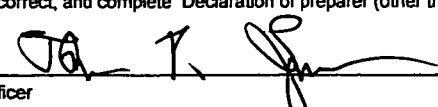
L Year of formation: **1984** **M** State of legal domicile: **MA**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Organization's purpose is to hold real estate for Beth Israel Deaconess Medical Center, a tertiary care academic medical center and a flagship teaching hospital of Harvard Medical School. The Organization is inactive.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 2010	7a	0
7b Net unrelated business taxable income from Form 990-112, line 84	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	0	0
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	0
19 Revenue less expenses. Subtract line 18 from line 12	0	0	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0

Part II Signature Block

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:  Date: **8/13/10**

John Szum, EVP & CFO, CareGroup Inc.
Type or print name and title

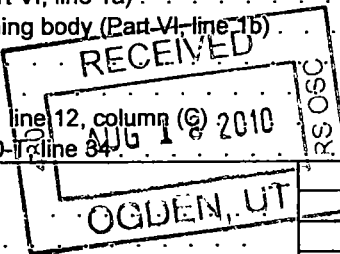
Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED SEP 13 2010



P 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The Organization's purpose is to hold real estate for Beth Israel Deaconess Medical Center, a tertiary care academic medical center and a flagship teaching hospital of Harvard Medical School.

The Organization is inactive.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

None

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► \$ 0 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> N/A		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12a regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, management delegation, organizational changes, and document retention.

Section B. Policies The Organization is inactive. See Sch O

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes questions about conflict of interest policies, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All-other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g	Noncash contributions included in lines 1a-1f: \$		0				
	h	Total. Add lines 1a-1f ▶		0				
Program Service Revenue			Business Code					
	2a	-----		0				
	b	-----		0				
	c	-----		0				
	d	-----		0				
	e	-----		0				
	f	All other program service revenue		0				
g	Total. Add lines 2a-2f ▶		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		0				
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
			0	0				
	d	Net rental income or (loss) ▶		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			0	0				
	b	Less: cost or other basis and sales expenses	0	0				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss) ▶		0				
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a		0					
b	Less: direct expenses b		0					
c	Net income or (loss) from fundraising events ▶		0					
9a	Gross income from gaming activities. See Part IV, line 19 a		0					
b	Less: direct expenses b		0					
c	Net income or (loss) from gaming activities ▶		0					
10a	Gross sales of inventory, less returns and allowances a		0					
b	Less: cost of goods sold b		0					
c	Net income or (loss) from sales of inventory ▶		0					
		Miscellaneous Revenue	Business Code					
11a	-----			0				
b	-----			0				
c	-----			0				
d	All other revenue			0				
e	Total. Add lines 11a-11d ▶			0				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			0	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	-----	0			
b	-----	0			
c	-----	0			
d	-----	0			
e	-----	0			
f	All other expenses -----	0			
25	Total functional expenses. Add lines 1 through 24f	0	0	0	0
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing		1		
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost basis	10a	0		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b	0	10c	0
	11	Investments—publicly traded securities	0	11	0	
	12	Investments—other securities. See Part IV, line 11	0	12	0	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	0		
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable	0	24	0	
25	Other liabilities. Complete Part X of Schedule D	0	25	0		
26	Total liabilities. Add lines 17 through 25	0	26	0		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	0	33	0		
34	Total liabilities and net assets/fund balances	0	34	0		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other N/A		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? N/A		

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Riverbrook Corporation

Employer identification number

04-2828955

**Part VI Section A-line 6 Statement re Members or Stockholders
Part VI Section A line 7a Statement re Election of Members of Governing Body
Part VI Section A Line 7b Statement re Decision of Governing Body Subject to Approval**

CareGroup, Inc. is an entity exempt from income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Acting through its Board of Directors, CareGroup is the sole shareholder of Riverbrook Corporation (Riverbrook). CareGroup serves as the Member of several distinguished affiliated healthcare entities including Beth Israel Deaconess Medical Center, New England Baptist Hospital, Mount Auburn Hospital, Beth Israel Deaconess Hospital, Needham and several other entities.

The Riverbrook Board of Directors is elected by such stockholders as have the right to vote.

According to Riverbrook's bylaws, the stockholders have the following rights:

- To consent on the Board of Directors' decision to purchase or dispose of any interest in real estate or grant any mortgage or security interest therein;
- Other powers and rights as vested by law.

Part VI Section A Line 10 – Form 990 Review Process

The Form 990 is reviewed by the Chief Financial Officer of CareGroup, Inc. and the Tax Director of CareGroup, which is the stockholder of Riverbrook Corporation. The Organization is inactive.

Part VI Section C Line 19 – Other Organization Documents Publicly Available

The governing documents, Conflict of Interest Policy and Financial Statements are available to the general public upon request at the following location:

CareGroup, Inc.
109 Brookline Ave., Ste. 300
Boston, MA 02215

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Riverbrook Corporation

Employer identification number

04-2828955

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NONE			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Assoc Phys HMFP @ BIDMC, INC. 32-0058309 375 Langwood Ave, Boston, MA 02215	Emergency Med SVCS	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN
BI Anesthesia Foundation, Inc. 04-2997215 330 Brookline Ave, Boston, MA 02215	PT Care / Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN
BID Dept of Medicine Foundation, Inc. 04-3079630 330 Brookline Ave, Boston, MA 02215	PT Care / Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN
BID Dept of Neonatology Foundation, Inc. 20-8253462 330 Brookline Ave, Boston, MA 02215	PT Care / Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN
BID Dept of Neurology Foundation, Inc. 04-3030397 330 Brookline Ave, Boston, MA 02215	PT Care / Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN
BID Dept of Ortho Surg Foundation, Inc. 20-4974585 330 Brookline Ave, Boston, MA 02215	PT Care / Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN
BID Dept of Surgery Foundation, Inc. 02-0671240 330 Brookline Ave, Boston, MA 02215	PT Care / Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC, IN

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(HTA)

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1066)	(J) General or managing partner?	
							Yes	No		Yes	No
Advanced Vascular Care, LLC 26-1647880 378 Longwood Ave, Boston, MA 02215	Med SVCS	MA	HMFP@BIDMC	Related	0	0		X	0		X
BID Physician Organization, LLC 04-3429253 110 Francis St, Boston, MA 02215	BID PT Care	MA	HMFP@BIDMC	Related	0	0		X	0		X
BeWell Body Scan, LLC 26-0061016 26 Boylston St, Chestnut Hill, MA 02487	Imaging CTR	MA	BIH RAD FD	Related	0	0		X	0		X
CareGroup Clinical Research, LLC 30-0228711 109 Brookline Ave, Boston, MA 02215	Research	MA	N/A	Related	0	0		X	0		X
.....					0	0			0		
.....									0		
.....									0		
.....									0		
.....									0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp,	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Chestnut HealthCare Alliance, Inc. 04-3266117 148 Chestnut St, Needham, MA 02492	PHO	MA	N/A	C Corp	0	0	0%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%

Part IV Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to other organization(s)
 - c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
 - f Sale of assets to other organization(s)
 - g Purchase of assets from other organization(s)
 - h Exchange of assets
 - i Lease of facilities, equipment, or other assets to other organization(s)
 - j Lease of facilities, equipment, or other assets from other organization(s)
 - k Performance of services or membership or fundraising solicitations for other organization(s)
 - l Performance of services or membership or fundraising solicitations by other organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets
 - n Sharing of paid employees
 - o Reimbursement paid to other organization for expenses
 - p Reimbursement paid by other organization for expenses
 - q Other transfer of cash or property to other organization(s)
 - r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1)	NONE		0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0

Part I Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code Section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Beth Israel Deaconess Hospital - Needham, Inc. 04-3228679 148 Chestnut St. Needham, MA 02492	Hospital in Needham	MA	501 (C) 3	Line 3	BIDMC
Beth Israel Deaconess Medical Center 04-2103881 330 Brookline Ave. Boston, MA 02215	Academic Med CTR in Bos	MA	501 (C) 3	Line 3	Caregroup, Inc.
BIDMC & Child HOSP 04-3200113 300 Longwood Ave. Boston, MA 02215	Outpt ACU in Lexington	MA	501 (C) 3	LN 11, Type I	N/A
BID Dept of Obstetrics & Gynecology Foundation, Inc. 04-2794855 330 Brookline Ave. Boston, MA 02215	PT Care/ Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC
BID Dermatology Foundation, Inc. 04-3117601 330 Brookline Ave. Boston, MA 02215	PT Care/ Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC
BIH Pathology Foundation, Inc. 22-2548374 330 Brookline Ave. Boston, MA 02215	PT Care/ Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC
BIH Radiologic Foundation, Inc. 04-2571853 330 Brookline Ave. Boston, MA 02215	PT Care/ Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC
Cardio Associated Physicians of HMFP @ BIDMC, Inc. 04-3208878 185 Pilgrim Road, Boston, MA 02215	Cardio SVCS to BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC
Cardiovascular Management Associates, Inc. 20-8550792 185 Pilgrim Road, Boston, MA 02215	Cardio Care to PT	MA	501 (C) 3	LN 11, Type I	BIDMC
CareGroup, Inc. 22-2628165 109 Brookline Ave. Boston, MA 02215	Management Services	MA	501 (C) 3	LN 11, Type I	N/A
Cent. Ed. Program, Inc. d/b/a BID Department of Psych. Foundation, Inc. 04-3242952 330 Brookline Ave. Boston, MA 02215	PT Care/ Research @ BIDMC	MA	501 (C) 3	LN 11, Type I	HMFP @ BIDMC
Med. Care of Boston Mgt. Corp. d/b/a Affiliated Physicians Group 04-2810972 400 Hunnewell St. Boston, MA 02484	Med SVCS Org	MA	501 (C) 3	Line 9	BIDMC
Mount Auburn Hospital 04-2103608 330 Mount Auburn St. Cambridge, MA 02138	Hospital in Cambridge	MA	501 (C) 3	Line 3	HMFP @ BIDMC
Mount Auburn Professional Services, Inc. 04-3026897 330 Mount Auburn St. Cambridge, MA 02138	Med Care in Cambridge	MA	501 (C) 3	LN 11, Type I	MT Auburn
New England Baptist Hospital 04-2103612 125 Parker Hill Ave. Boston, MA 02129	Hospital in Boston	MA	501 (C) 3	Line 3	Caregroup Inc.
Heart Center of Metrowest, Inc. 03-0390670 99 Lincoln St., Framingham, MA 01702	Outpt SVCS for Metrowest	MA	501 (C) 3	Line 9	Cardio MGT Assoc
Riverbrook Corporation 04-2828955 109 Brookline Ave. Boston, MA 02215	Hold Title for Caregroup	MA	501 (C) 2	N/A	Caregroup Inc.
Hervard Medical Faculty Physicians at Beth Israel Deaconess Medical Center 375 Longwood Ave. Boston, MA 02215	Med Care to BIDMC PT	MA	501 (C) 3	Line 9	N/A

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

A corporation 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, REMITCs, 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 a corporation 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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization Riverbrook Corporation	Employer identification number 04-2828955
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 109 Brookline Avenue, Room No. Suite 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston MA 02215	

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 ► John T. Szum 109 Brookline Avenue, Suite 300 Boston MA 02215

Telephone No. ► (617) 667-1881 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 corporation required to file Form 990-T) extension of time until 5/15/2010, 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 10/1/2008, and ending 9/30/2009.

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

3 a 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 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.	3c	\$ 0

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.

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

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Riverbrook Corporation	Employer identification number 04-2828955
	Number, street, and room or suite no. If a P.O. box, see instructions. 109 Brookline Avenue, Room No. Suite 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston MA 02215	

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

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

- The books are in the care of **John T. Szum 109 Brookline Avenue, Suite 300 Boston MA 02215**
Telephone No. **(617) 667-1881** 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 is for.

4 I request an additional 3-month extension of time until **8/15/2010**

5 For calendar year _____, or other tax year beginning **10/1/2008**, and ending **9/30/2009**

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

7 State in detail why you need the extension **More time is required to acquire all information needed to complete and file an accurate return.**

8 a	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.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification

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

Signature  Title **Executive Vice President and CFO CareGroup, Inc** Date **5/10/2010**