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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 10/1/2009, and ending 9/30/2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 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) Room/suite
109 Brookline Avenue Suite 300
 City or town, state or country, and ZIP + 4
Boston MA 02215

D Employer identification number 04-2828955

E Telephone number (617) 667-1885

F Name and address of principal officer
John Szum, 109 Brookline Avenue, 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 Form of organization: Corporation Trust Association Other ▶

L Year of formation 1984

M State of legal domicile MA

Part I Summary

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 net 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, column (C), line 12	7a 0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0 Current Year 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)
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
16b		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
Net Assets or Fund Balances	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
	20	Total assets (Part X, line 16)	Beginning of Current Year 0 End of Year 0
	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.

Sign Here

Signature of officer: [Signature] Date: 8/9/11

Type or print name and title: John T. Szum, Exec Vice President and CFO CareGroup, Inc.

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4/25/2011 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Deloitte Tax, 200 Berkeley Street, Boston, MA 02116

Preparer's identifying number (see instructions): P01068017

EIN: 86-1065772 Phone no: (617) 437-2000

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

SCANNED AUG 29 2011

13

Part III. Statement of Program Service Accomplishments

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

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
			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 United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

Part IV. Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
1a		0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b		0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a		0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		N/A
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A
3b			
4a	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)?		X
4a			
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		N/A
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		N/A
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		N/A
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		N/A
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		N/A
7d		N/A	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		N/A
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/A
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		N/A
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		N/A
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		N/A
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10a		N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		N/A
10b		N/A	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		N/A
11a		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)		N/A
11b		N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		N/A
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
12b		N/A	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		N/A
b	Each committee with authority to act on behalf of the governing body?		N/A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		N/A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.		N/A
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		N/A
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.		N/A
13	Does the organization have a written whistleblower policy?		N/A
14	Does the organization have a written document retention and destruction policy?		N/A
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official. No Compensation paid		N/A
b	Other officers or key employees of the organization. No Compensation paid		N/A
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		N/A

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 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. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 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: **John T. Szum** (617) 667-1881
 109 Brookline Avenue, Suite 300, Boston, MA 02215

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	2a	----- Business Code		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				
	b	Less: rental expenses						
	c	Rental income or (loss)	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						
	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	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	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	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. See instructions			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			
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	0	1	0		
	2	Savings and temporary cash investments	0	2	0		
	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, and highest compensated employees. 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	0	6	0		
	7	Notes and loans receivable, net	0	7	0		
	8	Inventories for sale or use	0	8	0		
	9	Prepaid expenses and deferred charges	0	9	0		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0	0	10c	0
	b	Less: accumulated depreciation	10b	0	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	0	14	0		
	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	0	17	0		
	18	Grants payable	0	18	0		
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities	0	20	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0		
	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 to unrelated third parties	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	0	27	0		
	28	Temporarily restricted net assets	0	28	0		
	29	Permanently restricted net assets	0	29	0		
	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	0	30	0		
	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0		
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0		
	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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		N/A
3a		X
3b		N/A

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

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 by-laws, 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 sole stockholder of Riverbrook Corporation. The organization is inactive.

Part VI Section C-line 19 - Other Organizational 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 Avenue, Suite 300
Boston, MA 02215

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990 ▶ See separate instructions.

Name of the organization
Riverbrook Corporation

Employer identification number
04-2828955

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(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	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center 32-0058309 375 Longwood Ave, Boston, MA 02215	To provide emergency medical services	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
Beth Israel Anaesthesia Foundation, Inc 04-2997215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
Beth Israel Deaconess Department of Medicine Foundation, Inc 04-3079630	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
Beth Israel Deaconess Department of Neurology Foundation, Inc. 04-3030397	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
Beth Israel Deaconess Department of Orthopaedic Surgery Foundation, Inc. 02-4974585	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
Beth Israel Deaconess Department of Surgery Foundation, Inc. 02-0671240	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
110 Francis Street, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.

Part II 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. 04-3229679 148 Chestnut St, Needham, MA 02492	The operation of a hospital in Needham, MA for the treatment, care and relief of sick and suffering persons	MA	501(c)(3)	3	Beth Israel Deaconess Medical Center, Inc.
Beth Israel Deaconess Medical Center and Children's Hospital Medical Care Corporation 04-3200173 300 Longwood Ave, Boston, MA 02215	The operation of an outpatient ambulatory care center in Lexington, MA	MA	501(c)(3)	11	none
Beth Israel Deaconess Medical Center Obstetrics and Gynecology Foundation, Inc. 04-2794855 330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc
Beth Israel Dermatology Foundation, Inc. 04-3117601 330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc
BIH Pathology Foundation, Inc. 22-2548374 330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc
BIH Radiologic Foundation, Inc. 04-2571853 330 Brookline Ave, Boston, MA 02215	To support the patient care, research and teaching missions of Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc
Cardiovascular Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc. 04-3206878 185 Pilgrim Road, Boston, MA 02215	To provide specialized cardiovascular medical services to the patients of the Cardio Vascular Institutes at Beth Israel Deaconess Medical Center and Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and others.	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc
Cardiovascular Management Associates, Inc. 20-8550792 185 Pilgrim Road, Boston, MA 02215	To facilitate comprehensive cardiovascular care, education and research, within the Beth Israel Deaconess Medical Center and Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and surrounding communities	MA	501(c)(3)	11	Beth Israel Deaconess Medical Center, Inc
CareGroup, Inc. 22-2629185 109 Brookline Ave, Boston, MA 02215	To develop and coordinate a non-discriminatory integrated health care delivery system and to provide management services to its members.	MA	501(c)(3)	14	none
Continuing Education Program, Inc. d/b/a Beth Israel Deaconess Department of Psychiatry Foundation, Inc. 04-3242962 401 Park Dr, Boston, MA 02215	To support the patient care, research and teaching missions of Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and Harvard Medical School	MA	501(c)(3)	11	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc
Medical Care of Boston Management Corp d/b/a Affiliated Physicians Group 04-2810972 400 Hunnewell St, Needham, MA 02484	Medical Services Organization	MA	501(c)(3)	9	Beth Israel Deaconess Medical Center, Inc
Mount Auburn Hospital 04-2103606 330 Mount Auburn St, Cambridge, MA 02138	The operation of a hospital in Cambridge, MA for the treatment, care and relief of sick and suffering persons	MA	501(c)(3)	3	CareGroup, Inc.
Mount Auburn Professional Services, Inc. 04-3076997 330 Mount Auburn St, Cambridge, MA 02138	To serve Cambridge, MA and the surrounding communities by offering medical care in general and specialized practices	MA	501(c)(3)	3	Mount Auburn Hospital
New England Baptist Hospital 04-2103612 125 Parker Hill Ave, Boston, MA 02120	The operation of an orthopedic specialty hospital in Boston, MA for the treatment, care and relief of sick and suffering persons	MA	501(c)(3)	3	CareGroup, Inc
New England Baptist Medical Associates, Inc. 04-3326928 125 Parker Hill Ave, Boston, MA 02120	To provide outpatient medical services to the various communities served by New England Baptist Hospital	MA	501(c)(3)	3	New England Baptist Hospital, Inc
Riverbrook Corporation 04-2828955 109 Brookline Ave, Boston, MA 02215	To hold title to property for CareGroup, Inc	MA	501(c)(3)	3	CareGroup, Inc
Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc. 22-2768204 375 Longwood Ave, Boston, MA 02215	To provide general and specialized medical services to the patients of Beth Israel Deaconess Medical Center and others	MA	501(c)(3)	9	Beth Israel Deaconess Medical Center, Inc
Heart Center of Metrowest, Inc. 03-0390670 99 Lincoln St, Framingham, MA 01702	To provide outpatient medical services to the metrowest communities	MA	501(c)(2)	9	Cardiovascular Management Associates, Inc

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r		
a Receipt of (i) interest (ii) annuities (iii) royalties or (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	(b) Transaction type (a-r)	(c) Amount involved
(1) None			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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, Suite 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Boston MA 02215	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning **October 1**, 20 **09**, and ending **September 30**, 20 **10**.

2 If the tax year entered in line 1 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	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, 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 <small>File by the extended due date for filing the return. See instructions.</small>	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 8/15/2011

5 For calendar year _____, or other tax year beginning 10/1/2009, and ending 9/30/2010

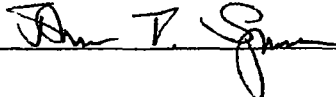
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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 5/12/2011