

021722

2010

OMB No. 1545-0047

Form **990****Return of Organization Exempt From Income Tax**

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

2009

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 **OCT 1, 2009** and ending **SEP 30, 2010**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CARITAS CHRISTI		D Employer identification number 04-2864287
		Doing Business As		E Telephone number (617) 419-4700
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite C/O STEWARD HEALTH CARE, INC. 500 BOYLSTON ST		G Gross receipts \$ 87,616,143.
		City or town, state or country, and ZIP + 4 BOSTON, MA 02116		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: RALPH DE LA TORRE SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.CARITASCHRISTI.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1985 M State of legal domicile: MA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CARITAS CHRISTI IS A CATHOLIC HEALTH CARE SYSTEM ROOTED IN THE HISTORY OF THE ARCHDIOCESE OF		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
Revenue	5 Total number of employees (Part V, line 2a)	5	621
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year 61,640,327.	Current Year 87,318,650.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-144,174.	133,876.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,311,975.	163,617.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,808,128.	87,616,143.
	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)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,351,614.	56,736,845.
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,040,011.	54,738,031.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,391,625.	111,474,876.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-6,583,497.	-23,858,733.
	20 Total assets (Part X, line 16)	Beginning of Current Year 129,457,078.	End of Year 138,375,544.
	21 Total liabilities (Part X, line 26)	78,611,706.	90,371,435.
	22 Net assets or fund balances. Subtract line 21 from line 20	50,845,372.	48,004,109.

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		Date
	J. BRYAN HEHIR, OFFICER		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	07/21/11	Preparer's identifying number (see instructions)
HEEHY & DRISCOLL, P.C.		EIN ▶	617-742-7788
100 PORTLAND STREET		Phone no. ▶ 617-742-7788	
BOSTON, MA 02114			

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

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
CARITAS CHRISTI IS A CATHOLIC HEALTH CARE SYSTEM ROOTED IN THE HISTORY
OF THE ARCHDIOCESE OF BOSTON. AS A COMMUNITY OF HEALTH CARE
PROVIDERS, WE AFFIRM CHRIST'S HEALING MINISTRY, FOSTER EXCELLENCE IN
CARE AND COMMIT OURSELVES TO THOSE IN NEED IN ACCORDANCE WITH THE
- 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 \$) (Revenue \$ 0.)
DOCTOR REFERRAL LINE- A TELEPHONE INFORMATION SERVICE, FREE OF CHARGE
FOR CONSUMERS TO HELP THEM LOCATE A PHYSICIAN AND MEDICAL SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
RISK MANAGEMENT- PROVIDED CLAIMS MANAGEMENT ASSISTANCE AND CONSULTATION
TO AFFILIATED HOSPITALS

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **\$**

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		X
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		
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	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
b 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

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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 II		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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		X
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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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		X
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	

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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	91	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	621	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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	
b	If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body	16			
b Enter the number of voting members that are independent		13		
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?	2			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?	3			X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6 Does the organization have members or stockholders?	6			X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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	9			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?	X	
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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		
16b		

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: **JILL MORETTO - 617-419-4700**
500 BOYLSTON STREET, BOSTON, MA 02116

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH C. MAHER, JR., ESQ. ASST. SECRETARY/EVP	40.00	X						727,689.	0.	20,916.
MARK RICH ASST. TREASURER/CFO	40.00	X		X				689,426.	0.	32,535.
JAMES J. KARAM CHAIRMAN	2.00	X						0.	0.	0.
RALPH DE LA TORRE, MD PRESIDENT/SECRETARY/CEO	40.00	X		X				2,256,702.	0.	13,374.
ROBERT GUSTAFSON VICE CHAIRMAN/TREASURER	2.00	X						0.	0.	0.
JOHN DREW DIRECTOR	2.00	X						0.	0.	0.
JOSEPH H. FEITELBERG DIRECTOR	2.00	X						0.	0.	0.
NEAL FINNEGAN DIRECTOR	2.00	X						0.	0.	0.
JOHN GARVEY DIRECTOR	2.00	X						0.	0.	0.
BRYAN HEHIR DIRECTOR	2.00	X						0.	0.	0.
RUBEN KING-SHAW DIRECTOR	2.00	X						0.	0.	0.
NEIL LYNCH DIRECTOR	2.00	X						0.	0.	0.
THOMAS MARTIN DIRECTOR	2.00	X						0.	0.	0.
KENNETH MACDONNELL, MD DIRECTOR	2.00	X						0.	0.	0.
REV. NICHOLAS SANNELLA DIRECTOR	2.00	X						0.	0.	0.
JAMES O'CONNOR DIRECTOR	2.00	X						0.	0.	0.
ROBERT GUYON, JR. COO	40.00			X				909,327.	0.	33,381.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUSTINE CARR SRVP QUALITY	40.00				X			629,058.	0.	18,597.
JOSEPH E. CICCOLO, JR. SRVP	40.00				X			463,545.	0.	30,137.
RICHARD KROPP SRVP HR	40.00				X			481,648.	0.	1,786.
BRIAN CARTY SRVP CHIEF MARKETING OFFICER	40.00				X			433,776.	0.	13,487.
JILL MORETTO SRVP	40.00				X			402,111.	0.	27,661.
MARK JACOBS SRVP	40.00				X			226,324.	0.	7,027.
SR. MARIE PULEO SRVP MISSION	40.00				X			220,224.	0.	9,765.
MICHAEL CALLUM CEO- CARITAS PHYSICIAN INITIATIVES	40.00					X		786,932.	0.	26,592.
JOHN HOLIVER PRESIDENT- GOOD SAMARITAN HOSPITAL	40.00					X		737,084.	0.	28,171.
THOMAS K. SAGER PRESIDENT- HFH (UNTIL 10/1/09)	40.00					X		643,958.	0.	23,253.
1b Total								13,868,520.	0.	455,628.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **102**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE ROGERS LAW FIRM, 50 BRAINTREE HILL OFFICE PARK SUITE 302, BRAINTREE, MA 0218	LEGAL SERVICES	1,825,194.
DONOGHUE, BARRETT & SIGNAL 1 BEACON ST, BOSTON, MA 02108	LEGAL SERVICES	1,320,302.
PHILLIPS, DIPISA & ASSOCIATES 62 DERBY ST, HINGHAM, MA 02043	HEALTHCARE RECRUITING SRVC.	967,073.
MCDERMOTT, WILL & EMERY, LLP PO BOX 7247-6743, PHILADELPHIA, PA 19170	LEGAL SERVICES	858,911.
ECLINICAL WORKS, LLC, 110 TURNPIKE ROAD SUITE 308, WESTBORO, MA 01581	IT SERVICES	858,001.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **20**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b	87,110,244.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	208,406.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		87,318,650.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		133,876.			133,876.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	PURCHASE DISCOUNTS/REB	900099	163,617.			163,617.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		163,617.				
12	Total revenue. See instructions.		87,616,143.	0.	0.	297,493.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,243,900.		7,243,900.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	39,547,150.		39,547,150.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,351,479.		2,351,479.	
9 Other employee benefits	4,342,995.		4,342,995.	
10 Payroll taxes	3,251,321.		3,251,321.	
11 Fees for services (non-employees):				
a Management				
b Legal	9,863,051.		9,863,051.	
c Accounting	199,472.		199,472.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	78,121.		78,121.	
g Other				
12 Advertising and promotion	3,480,563.		3,480,563.	
13 Office expenses	670,569.		670,569.	
14 Information technology	8,633,730.		8,633,730.	
15 Royalties				
16 Occupancy	3,890,804.		3,890,804.	
17 Travel	750,618.		750,618.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	431,839.		431,839.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,822,348.		9,822,348.	
23 Insurance	78,766.		78,766.	
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 CONSULTING SERVICES	11,490,522.		11,490,522.	
b DUES AND MEMBERSHIPS	1,087,788.		1,087,788.	
c EQUIPMENT RENTAL	512,202.		512,202.	
d TEMPORARY HELP	399,420.		399,420.	
e EDUCATION	182,650.		182,650.	
f All other expenses	3,165,568.		3,165,568.	
25 Total functional expenses. Add lines 1 through 24f	111,474,876.	0.	111,474,876.	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	500.	1	505.
	2 Savings and temporary cash investments	53,142,190.	2	19,258,768.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,891,978.	4	43,235,432.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	796,357.	9	2,318,310.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 104,029,630.		
	b Less: accumulated depreciation	10b 55,721,802.	10c	48,307,828.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,765,039.	12	12,305,251.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,768,850.	15	12,949,450.
16 Total assets. Add lines 1 through 15 (must equal line 34)	129,457,078.	16	138,375,544.	
Liabilities	17 Accounts payable and accrued expenses	38,427,418.	17	68,730,072.
	18 Grants payable		18	
	19 Deferred revenue	164,603.	19	110,200.
	20 Tax-exempt bond liabilities	9,492,294.	20	8,555,766.
	21 Escrow or custodial 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	30,527,391.	25	12,975,397.
	26 Total liabilities. Add lines 17 through 25	78,611,706.	26	90,371,435.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	50,834,894.	27	47,993,131.
	28 Temporarily restricted net assets	10,478.	28	10,978.
	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	50,845,372.	33	48,004,109.
34 Total liabilities and net assets/fund balances	129,457,078.	34	138,375,544.	

Form 990 (2009)

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	x	
3a		x
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARITAS CHRISTI

Employer identification number

04-2864287

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,315,955.	44,243,129.	47,132,692.	61,635,827.	87,318,650.	280,646,253.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	40,315,955.	44,243,129.	47,132,692.	61,635,827.	87,318,650.	280,646,253.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						280,646,253.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	40,315,955.	44,243,129.	47,132,692.	61,635,827.	87,318,650.	280,646,253.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	612,123.	461,102.	23,708.	-139,673.	133,876.	1,091,136.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	612,123.	461,102.	23,708.	-139,673.	133,876.	1,091,136.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			238,330.	3,311,975.	163,617.	3,713,922.
13 Total support (Add lines 9, 10c, 11, and 12.)	40,928,078.	44,704,231.	47,394,730.	64,808,129.	87,616,143.	285,451,311.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.32 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.38 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.43 %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARITAS CHRISTI

Employer identification number

04-2864287

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,923,914.	362,836.	2,561,078.
d Equipment		100,762,696.	55,358,966.	45,403,730.
e Other		343,020.		343,020.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				48,307,828.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
INVESTMENTS	12,305,251.	COST
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	12,305,251.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED COST BOND ISSUANCE SJNCC	47,281.
DEFERRED COST OF BOND ISSUANCE	73,892.
INTERCOMPANY DUE FROM TRACO	9,463,488.
OTHER RECEIVABLES	2,020,000.
CASH VALUE SPLIT LIFE INSURANCE	1,344,789.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	12,949,450.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO INSURANCE	9,419,349.
DUE TO RELATED PARTIES	3,556,048.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	12,975,397.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	87,616,143.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	111,474,876.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-23,858,733.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	21,017,470.
9	Total adjustments (net). Add lines 4 through 8	9	21,017,470.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,841,263.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: FIN 48 FOOTNOTE FROM CARITAS CHRISTI'S AUDITED

FINANCIAL STATEMENTS - ON OCTOBER 1, 2007, CARITAS CHRISTI ADOPTED ASC

740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF

FASB STATEMENT NO. 109. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX

RETURN. THIS INTERPRETATION ALSO PROVIDES GUIDANCE ON DERECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND

Part XIV Supplemental Information (continued)

DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. THE ADOPTION OF ASC

740-10 DID NOT HAVE A MATERIAL IMPACT ON CARITAS CHRISTI'S CONSOLIDATED

FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER FROM AFFILIATES: 21016890.

OTHER CHANGES IN NET ASSETS: 580.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARITAS CHRISTI

Employer identification number

04-2864287

Part III Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
JOSEPH C. MAHER, JR., ESQ.	(i) 485,571.	126,100.	116,018.	4,288.	16,528.	748,605.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
MARK RICH	(i) 472,400.	126,100.	90,926.	9,470.	23,065.	721,961.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
RALPH DE LA TORRE, MD	(i) 1,294,460.	500,000.	462,242.	7,774.	5,600.	2,270,076.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
ROBERT GUYON, JR.	(i) 585,768.	156,000.	167,559.	12,140.	21,241.	942,708.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
JUSTINE CARR	(i) 429,460.	84,825.	114,773.	2,450.	16,147.	647,655.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
JOSEPH E. CICCULO, JR.	(i) 415,074.	0.	48,471.	12,438.	17,699.	493,682.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
RICHARD KROPP	(i) 351,888.	70,200.	59,560.	1,108.	678.	483,434.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
BRIAN CARTY	(i) 330,635.	58,500.	44,641.	0.	13,487.	447,263.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
JILL MORETTO	(i) 324,534.	42,900.	34,677.	9,470.	18,191.	429,772.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
MARK JACOBS	(i) 182,719.	40,000.	3,605.	0.	7,027.	233,351.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
SR. MARIE PULEO	(i) 173,344.	34,125.	12,755.	3,063.	6,702.	229,989.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
MICHAEL CALLUM	(i) 567,641.	117,000.	102,291.	0.	26,592.	813,524.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
JOHN HOLIVER	(i) 524,847.	107,250.	104,987.	9,470.	18,701.	765,255.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
THOMAS K. SAGER	(i) 554,924.	0.	89,034.	10,271.	12,982.	667,211.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
DANIEL H. O'LEARY	(i) 454,413.	130,375.	24,499.	12,438.	27,783.	649,508.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	
MARK GIRARD	(i) 469,391.	65,000.	83,723.	565.	27,997.	646,676.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	0.	

Part III	Supplemental Information
----------	--------------------------

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4A: SEE SCHEDULE J-2 FOR ALL SEVERENCE PAYMENTS, ALL OF

THE COMPENSATION FOR THE EMPLOYEES MARKED AS FORMER IS SEVERENCE.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

Open to Public Inspection

CARITAS CHRISTI

Employer identification number

04-2864287

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)
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[illegible]

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

2009

**Open to Public
Inspection**

Name of the Organization

CARITAS CHRISTI

Employer Identification number

04-2864287

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2009

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

CARITAS CHRISTI

Employer identification number

04-2864287

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BOSTON. AS A COMMUNITY OF HEALTH CARE PROVIDERS, WE AFFIRM CHRIST'S

HEALING MINISTRY, FOSTER EXCELLENCE IN CARE AND COMMIT OURSELVES TO

THOSE IN NEED IN ACCORDANCE WITH THE PRINCIPLES OF THE CATHOLIC CHURCH.

THROUGH OUR PROGRAMS AND SERVICES, WHICH COVER THE SPECTRUM OF HEALTH

CARE, WE AFFIRM THE SANCTITY OF LIFE, ADVOCATE FOR THE POOR AND

DISENFRANCHISED AND EXERCISE RESPONSIBILITY FOR THE COMMON GOOD.

WITH JUST STEWARDSHIP OF OUR HUMAN AND MATERIAL RESOURCES, WE PLEDGE TO

STRENGTHEN THIS HEALTH CARE MINISTRY THROUGH SOUND HEALTH CARE

PRACTICE, RESEARCH, EDUCATION AND INNOVATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRINCIPLES OF THE CATHOLIC CHURCH.

THROUGH OUR PROGRAMS AND SERVICES, WHICH COVER THE SPECTRUM OF HEALTH

CARE, WE AFFIRM THE SANCTITY OF LIFE, ADVOCATE FOR THE POOR AND

DISENFRANCHISED AND EXERCISE RESPONSIBILITY FOR THE COMMON GOOD.

WITH JUST STEWARDSHIP OF OUR HUMAN AND MATERIAL RESOURCES, WE PLEDGE TO

STRENGTHEN THIS HEALTH CARE MINISTRY THROUGH SOUND HEALTH CARE

PRACTICE, RESEARCH, EDUCATION AND INNOVATION.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PREPARES THE FORM

990 AND THE RELATED DISCLOSURES WITH ASSISTANCE AND GUIDANCE FROM ITS

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

932211
02-03-10

Schedule O (Form 990) 2009

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

2009Open to Public
Inspection

Name of the organization

CARITAS CHRISTI

Employer identification number

04-2864287

INDIVIDUAL TAX ADVISORS (CPA FIRM). THE FORM 990 IS REVIEWED BY THE

INDIVIDUAL ENTITIES' AND THE PARENT ORGANIZATIONS' MANAGEMENT TEAMS PRIOR

TO SUBMISSION TO THE BOARD OF DIRECTORS AND THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES THAT ALL

KEY EMPLOYEES, MEMBERS AND OFFICERS OF THE BOARD OF DIRECTORS AND ANY

MEMBER OF ANY COMMITTEE DISCLOSE IN WRITING (AND UPDATE ANNUALLY) ALL

BUSINESS AND OTHER RELATIONSHIPS WHICH MIGHT POTENTIALLY CREATE A CONFLICT

OF INTEREST AS DEFINED BY THE POLICY. THE WRITTEN DISCLOSURE SHALL INCLUDE

AN ITEMIZATION OF ANY SUBSTANTIVE CONFLICT OF INTEREST FOR SUCH INDIVIDUAL

BY VIRTUE OF HIS OR HER ACTIVITIES. THE CONFLICT OF INTEREST POLICY IS

REVIEWED AND COMMUNICATED TO ENSURE INDIVIDUALS WITH OUTSIDE RELATIONSHIPS

DO NOT INAPPROPRIATELY PARTICIPATE IN BUSINESS DECISIONS OF THE

ORGANIZATION IN WHICH THEY ARE NOT INDEPENDENT. THE CONFLICT OF INTEREST

POLICY AND PROCEDURES ARE CURRENTLY UNDER REVIEW AND REVISION.

FORM 990, PART VI, SECTION B, LINE 15: ALL COMPENSATION FOR THE CEO AND

SENIOR EXECUTIVES THROUGHOUT THE SYSTEM ARE GOVERNED AND OVERSEEN BY THE

BOARD OF DIRECTOR'S OF CARITAS CHRISTI, THEIR SOLE MEMBER. THE BOARD

ESTABLISHED A COMPENSATION COMMITTEE, MADE UP OF DISINTERESTED TRUSTEES,

WHO ARE GIVEN THE AUTHORITY TO ESTABLISH COMPENSATION FOR ALL SENIOR

EXECUTIVES. THE COMPENSATION COMMITTEE PERFORMS ANNUAL REVIEWS AND

APPROVES EXECUTIVE COMPENSATION. IN ORDER TO ASSIST THE COMMITTEE IN ITS

RESPONSIBILITIES, THE COMPENSATION COMMITTEE HIRES INDEPENDENT, OUTSIDE

COMPENSATION CONSULTANTS TO ADVISE THE COMMITTEE ON THE REASONABLENESS OF

THE OVERALL EXECUTIVE COMPENSATION. THE COMMITTEE WORKS WITH THESE

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

932211
02-03-10

Schedule O (Form 990) 2009

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

CARITAS CHRISTI

Employer identification number

04-2864287

CONSULTANTS TO ENSURE THAT ALL COMPENSATION IS REASONABLE, MEETS ALL
REGULATORY REQUIREMENTS, AND IS COMPETITIVE WITHIN THE RELEVANT MARKET.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE ORGANIZATION'S
FINANCIAL STATEMENTS ARE AVAILABLE ON THE PUBLIC CHARITIES WEBSITE
MAINTAINED BY THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART XI, LINE 2, PAGE 11

AUDITED FINANCIAL STATEMENTS

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT
ACCOUNTING FIRM. THE ORGANIZATION HAS AN AUDIT COMMITTEE RESPONSIBLE
FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AS WELL AS THE
SELECTION OF AN INDEPENDENT ACCOUNTING FIRM.

PRIOR YEAR COMPENSATION

PRIOR YEAR COMPENSATION FOR FORMER OFFICERS AND KEY EMPLOYEES ARE
DEFERRED SEVERANCE PAYMENTS THAT WERE PAID OUT IN CALENDAR YEAR 2009.

FORM 990, PART VII, SECTION A

FORMER EMPLOYEES

ALL EMPLOYEES MARKED OFF AS FORMER ARE FORMER EMPLOYEES OF THE
ORGANIZATION AND THE COMPENSATION THAT THEY WERE PAID DURING CALENDAR
YEAR 2009 WAS ALL SEVERANCE PAYMENTS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

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

CARITAS CHRISTI

Employer identification number

04-2864287

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARITAS CHRISTI

Employer identification number

04-2864287

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
HEALTHCARE ENTERPRISES - 04-3027096 77 WARREN ST BRIGHTON, MA 02135		MASSACHUSETTS	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
CARITAS ST. ELIZABETH'S MEDICAL CENTER OF BOSTON, INC. - 04-2103622, 736 CAMBRIDGE STREET, BRIGHTON, MA 02135-2997	TERTIARY CARE HOSPITAL AND INSTITUTE OF TEACHING	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI
CARITAS ST. ELIZABETH'S REALTY CORPORATION - 04-3097185, 736 CAMBRIDGE STREET, BRIGHTON, MA 02135-2997	REAL ESTATE HOLDING CORPORATION	MASSACHUSETTS	501(C)(2)	SUPPORTER - TYPE I	CARITAS CHRISTI
CARITAS ST. ELIZABETH'S HOSPITAL FOUNDATION, INC. - 04-2745312, 736 CAMBRIDGE STREET, BRIGHTON, MA 02135-2997	TO PROVIDE FUND-RAISING AND DEVELOPMENT	MASSACHUSETTS	501(C)(3)	SUPPORTER - TYPE I	CARITAS CHRISTI
CARITAS EXCELL CLINICAL LABORATORIES, INC. - 04-3428075, 736 CAMBRIDGE STREET, BRIGHTON, MA 02135-2997	PROVIDE LABORATORY SERVICES	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI

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

Schedule R (Form 990) 2009

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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-r)	(c) Amount involved
(1) ST. ELIZABETH'S MEDICAL CENTER	0	2,012,738.
(2) ST. ANNE'S HOSPITAL	0	7,899.
(3) HOLY FAMILY HOSPITAL	0	590,357.
(4) GOOD SAMARITAN MEDICAL CENTER	0	444,475.
(5) CARITAS NORWOOD HOSPITAL	0	375,699.
(6) CARITAS MEDICAL GROUP	0	85,424.

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
CARITAS ST. JOHN OF GOD HOSPITAL, INC. - 04-2135767, 736 CAMBRIDGE STREET, BRIGHTON, MA 02135-2997	NON-ACUTE HOSPITAL CARE	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI
SAINT ANNE'S HEALTH CARE SYSTEM, INC. - 04-2868825, 795 MIDDLE STREET, FALL RIVER, MA 02721-1798	HEALTHCARE MANAGEMENT SERVICES	MASSACHUSETTS	501(C)(3)	SUPPORTER - TYPE II	CARITAS CHRISTI
SAINT ANNE'S HOSPITAL CORPORATION - 04-2104868, 795 MIDDLE STREET, FALL RIVER, MA 02721-1798	ACUTE CARE HOSPITAL	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI
CARITAS VALLEY REGIONAL HEALTH SYSTEM, INC. - 04-2149321, 70 EAST STREET, METHUEN, MA 01844-4597	TO OPERATE A HEALTH SYSTEM AND ASSIST HOSPITALS	MASSACHUSETTS	501(C)(3)	SUPPORTER - TYPE I	CARITAS CHRISTI
CARITAS HOLY FAMILY HOSPITAL, INC. - 22-2547376, 70 EAST STREET, METHUEN, MA 01844-4597	ACUTE CARE HOSPITAL	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI
CARITAS VALLEY REGIONAL MEDICAL SERVICES CORPORATION - 04-3256936, 70 EAST STREET, METHUEN, MA 01844-4597	MEDICAL PRACTICE OPERATION	MASSACHUSETTS	501(C)(3)	SUPPORTER - TYPE I	CARITAS CHRISTI
CARITAS VALLEY REGIONAL SUPPORT SERVICES, INC. - 22-2546974, 70 EAST STREET, METHUEN, MA 01844-4597	PROVIDES FOR HEALTHCARE DELIVERY IN THE COMMUNITY	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI
GREATER LAWRENCE MENTAL HEALTH CENTER, INC. - 04-2174895, 70 EAST STREET, METHUEN, MA 01844-4597	PROVIDES OUTPATIENT MENTAL HEALTH PROGRAMS	MASSACHUSETTS	501(C)(3)	SUPPORT ORGANIZATION	CARITAS CHRISTI
CARITAS HOLY FAMILY HOSPITAL FOUNDATION, INC. - 22-2961708, 70 EAST STREET, METHUEN, MA 01844-4597	PROVIDES FUND-RAISING AND DEVELOPMENT	MASSACHUSETTS	501(C)(3)	SUPPORTER - TYPE I	CARITAS CHRISTI
CARITAS CARNEY HOSPITAL, INC. - 04-3339664 2100 DORCHESTER AVENUE DORCHESTER, MA 02124-5666	ACUTE CARE HOSPITAL	MASSACHUSETTS	501(C)(3)	HOSPITAL	CARITAS CHRISTI
CARITAS LABOUR COLLEGE, INC. - 04-2134818 2100 DORCHESTER AVENUE DORCHESTER, MA 02124-5666	INSTITUTION OF HIGHER LEARNING	MASSACHUSETTS	501(C)(3)	SCHOOL	CARITAS CHRISTI
CARITAS CARNEY HOSPITAL FOUNDATION, INC. - 22-2564685, 2100 DORCHESTER AVENUE, DORCHESTER, MA 02124-5666	HOSPITAL SUPPORT ORGANIZATION	MASSACHUSETTS	501(C)(3)	SUPPORT ORGANIZATION	CARITAS CHRISTI

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	(b)	(c)
Name of other organization	Transaction type (a-f)	Amount involved
(7) ST. ELIZABETH'S MEDICAL CENTER	P	-2,603.
(8) ST. ANNE'S HOSPITAL	P	57,697.
(9) HOLY FAMILY HOSPITAL	P	1,128.
(10) CARNEY HOSPITAL	P	3,907,085.
(11) GOOD SAMARITAN MEDICAL CENTER	P	74,138.
(12) CARITAS NORWOOD HOSPITAL	P	4,981,403.
(13) CARITAS HOME CARE	P	31,067.
(14) GOOD SAMARITAN HOSPICE	P	42,389.
(15) TRACO	P	-10,000.
(16) POR CRISTO	P	966,382.
(17) CARITAS PHYSICIANS NETWORK	P	309,652.
(18) CARITAS MEDICAL LABS	P	640,751.
(19) ST. ELIZABETH'S MEDICAL CENTER	P	5,205,243.
(20) ST. ANNE'S HOSPITAL	P	6,504,758.
(21) HOLY FAMILY HOSPITAL	P	5,661,340.
(22) CARNEY HOSPITAL	P	14,941.
(23) GOOD SAMARITAN MEDICAL CENTER	P	4,801,718.
(24) ST. ELIZABETH'S MEDICAL CENTER	R	20,967,720.

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7)	ST. ANNE'S HOSPITAL	K	7,845,996.
(8)	HOLY FAMILY HOSPITAL	K	10,178,424.
(9)	CARNEY HOSPITAL	K	9,409,788.
(10)	GOOD SAMARITAN MEDICAL CENTER	K	13,332,644.
(11)	CARITAS NORWOOD HOSPITAL	K	10,687,300.
(12)	CARITAS MEDICAL GROUP	K	2,712,048.
(13)	TRACO	K	2,859,996.
(14)	CARITAS HOME CARE	K	91,008.
(15)	CARITAS CHRISTI NETWORK SERVICES, INC.	K	1,197,504.
(16)	ST. ELIZABETH'S MEDICAL CENTER	J	897,591.
(17)	HOLY FAMILY HOSPITAL	J	44,192.
(18)	CARNEY HOSPITAL	J	324,738.
(19)	GOOD SAMARITAN MEDICAL CENTER	J	196,672.
(20)	CARITAS NORWOOD HOSPITAL	J	12,500.
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2009

Form **5471****Information Return of U.S. Persons With
Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2007)

▶ See separate instructions.

Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning **OCT 1**, 2009, and ending **SEP 30**, 2010Attachment
Sequence No. **121**

Name of person filing this return

CARITAS CHRISTI

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

C/O STEWARD HEALTH CARE, INC. 500 BOYLST

City or town, state, and ZIP code

BOSTON, MA 02116Filer's tax year beginning **OCT 1**2009, and ending **SEP 30**

2010

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts
must be stated in U.S. dollars unless otherwise indicated.**1a** Name and address of foreign corporation**TAILORED RISK ASSURANCE CO., LTD****P.O. BOX 1051****GRAND CAYMAN FC****CAYMAN ISLANDS****b** Employer identification number, if any**c** Country under whose laws incorporated**CAYMAN ISLANDS****d** Date of
incorporation**09/15/88****e** Principal place of business**CAYMAN ISLANDS****f** Principal
business activity
code number**621399****g** Principal business activity**OTHER INSURANCE****h** Functional currency**U.S. DOLLAR****2** Provide the following information for the foreign corporation's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any) in the United States**b** If a U.S. income tax return was filed, enter:**(i)** Taxable income or (loss)**(ii)** U.S. income tax paid
(after all credits)**c** Name and address of foreign corporation's statutory or resident agent
in country of incorporation**TAILORED RISK ASSURANCE CO, LTD****PO BOX 11159****GRAND CAYMAN KY1-1102****CAYMAN ISLANDS****d** Name and address (including corporate department, if applicable) of
person (or persons) with custody of the books and records of the foreign
corporation, and the location of such books and records, if different**STRATEGIC RISK SOLUTIONS****23 LIME TREE BAY AVENUE****GRAND CAYMAN KY1-1102****CAYMAN ISLANDS****Schedule A Stock of the Foreign Corporation**

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	120,000	120,000

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **5471** (Rev. 12-2007)

SECRET

SECRET

SECRET

SECRET

SECRET

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2			
3			
4			
5			
6			
7			
8 Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	685,044.	37,731,637.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule) SEE STATEMENT 3	4	8,992,325.	7,756,101.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule) SEE STATEMENT 4	7	39,624,624.	5,737,818.
8a Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	49,301,993.	51,225,556.
Liabilities and Shareholders' Equity			
14 Accounts payable	14	61,299.	66,845.
15 Other current liabilities (attach schedule) SEE STATEMENT 5	15	1,214,947.	272,558.
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule) SEE STATEMENT 6	17	46,855,336.	51,218,352.
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b	120,000.	120,000.
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	1,050,411.	-452,199.
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	49,301,993.	51,225,556.

Form 5471 (Rev. 12-2007)

SCHEDULE J
(Form 5471)(Rev. December 2005)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings and Profits (E&P)**
of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

CARITAS CHRISTI

04-2864287

Name of foreign corporation

TAILORED RISK ASSURANCE CO., LTD

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)
1 Balance at beginning of year	103,557.	
2a Current year E&P		
b Current year deficit in E&P	1,010,969.	
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-907,412.	
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year		
5a Actual distributions or reclassifications of previously taxed E&P		
b Actual distributions of nonpreviously taxed E&P		
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)		
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-907,412.	
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-907,412.	

	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
	(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1			3,929,070.	4,032,627.
2a				
b				
3				
4				
5a				
b				
6a			3,929,070.	
b				
7			3,929,070.	3,021,658.

Schedule G Other Information

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?
If "Yes," see the instructions for required attachment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3?
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance	3,111,332.	
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach schedule) STATEMENT 7	136,607.	4,258,908.
3 Total net additions	3,247,939.	
4 Total net subtractions		4,258,908.
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-1,010,969.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	-1,010,969.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations)	5d	

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation

1 Subpart F income (line 38b, Worksheet A in the instructions)	1	-1,010,969.
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5 Factoring income	5	
6 Total of lines 1 through 5. Enter here and on your income tax return	6	-1,010,969.
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8 Exchange gain or (loss) on a distribution of previously taxed income	8	

• Was any income of the foreign corporation blocked?	Yes	No
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471	OTHER INCOME	STATEMENT	1
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
INVESTMENT INCOME			3,111,332.
TOTAL TO 5471, SCHEDULE C, LINE 8			3,111,332.

FORM 5471	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
POLICY ADMINISTRATIVE FEES			2,860,000.
LEGAL & CONSULTING FEES			167,323.
MISCELLANEOUS			102,931.
MANAGEMENT FEES			45,000.
AUDIT FEES			28,550.
GOVERNMENT FEE			12,558.
LOSSES INCURRED			6,982,745.
TOTAL TO 5471, SCHEDULE C, LINE 16			10,199,107.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT	3
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
REINSURANCE RECOVERABLES	8,400,606.	7,554,281.
ACCURED INTEREST RECEIVABLE	204,448.	50,774.
PREPAID EXPENSES	14,415.	16,116.
INSURANCE BALANCES RECEIVABLE	66,272.	0.
RECEIVABLE FOR SECURITIES SOLD	306,584.	4,930.
CLAIMS LOSS FUND		130,000.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	8,992,325.	7,756,101.

FORM 5471	OTHER INVESTMENTS	STATEMENT	4
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
TRADING SECURITIES	39,624,624.	5,737,818.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	39,624,624.	5,737,818.

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT	5
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INSURANCE BALANCES PAYABLE	0.	53,561.
PAYABLE FOR SECURITIES PURCHASED	510,300.	0.
LOSSES PAYABLE	704,647.	218,997.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	1,214,947.	272,558.

FORM 5471	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOSSES, LOSS-ADJUST. EXP. & PREMIUM ADJUST	46,855,336.	51,218,352.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	46,855,336.	51,218,352.

FORM 5471	OTHER NET ADJUSTMENTS	STATEMENT	7
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DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
POLICY ADMINISTRATION		2,860,000.
AUDIT FEES		28,550.
LEGAL & CONSULTING FEES		167,323.
GOVERNMENT FEES		12,558.
MANAGEMENT FEES		45,000.
MISCELLANEOUS FEES		102,931.

CARITAS CHRISTI

04-2864287

RESERVE FOR OUTSTANDING LOSSES
NET ADDITIONS

136,607.

1,042,546.

TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H

136,607.

4,258,908.

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

Identifying number (see instructions)

CARITAS CHRISTI

04-2864287

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?

☐ Yes ☒ No

b Did the transferor remain in existence after the transfer?

☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?

☐ Yes ☒ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation
CARITAS CHRISTI	04-2864287

d Have basis adjustments under section 367(a)(5) been made?

☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?

☐ Yes ☐ No

c Is the partner disposing of its **entire** interest in the partnership?

☐ Yes ☐ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?

☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

4 Identifying number, if any

TAILORED RISK ASSURANCE COMPNAY, LTD

5 Address (including country)

23 LIME TREE BAY AVENUE P.O. BOX 11159

GRAND CAYMAN, CAYMAN ISLANDS KY-1102 CAYMAN ISLANDS

6 Country code of country of incorporation or organization

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation?

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2008)

924531
04-24-09

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	STMT 8				
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

SEE STATEMENT 9

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 100.0000 % (b) After 100.0000 %10 Type of nonrecognition transaction (see instructions) ▶ 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred? ☒ Yes ☐ No17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ Nob If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form 926 (Rev. 12-2008)

FORM 926

PART III - INFORMATION REGARDING
TRANSFER OF PROPERTY

STATEMENT 8

CASH

(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER
10/27/2009	882,000.
11/02/2009	1,191,895.
11/02/2009	100,000.
	<u>2,173,895.</u>

FORM 926

STATEMENT

9

THE PROPERTY TRANSFERRED CONSISTS OF CASH IN THE AMOUNTS SHOWN. THE TRANSFEREE IS A WHOLLY OWNED CAPTIVE INSURANCE SUBSIDIARY OF THE TRANSFEROR, DOMICILED IN THE CAYMAN ISLANDS. TRANSFEREE HAS NO EMPLOYEES. THE TRANSFERS REPRESENT PAYMENT OF INSURANCE PREMIUMS BY THE TRANSFEROR BUT BECAUSE SUCH TRANSFERS TO A WHOLLY OWNED INSURANCE SUBSIDIARY ARE TREATED AS CAPITAL CONTRIBUTIONS FOR US TAX PURPOSES, THESE TRANSFERS ARE BEING REPORTED BY THE TRANSFEROR ON FORM 926 PURSUANT TO TREAS. REG. 1.6038(B)-1. TRACO RECEIVES AN INDEPENDENT AUDIT AND IS AVAILABLE UPON REQUEST.