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)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CARIDAD CENTER, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 8645 W. BOYNTON BEACH BLVD. Room/suite

City or town, state or country, and ZIP + 4: BOYNTON BEACH, FL 33472

D Employer identification number: 65-0149423

E Telephone number: 561-737-6336

G Gross receipts $ 5,008,575.

F Name and address of principal officer: CONSTANCE BERRY
7928 PIPER LANE, LAKE WORTH, FL 33463

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CARIDAD.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1989 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO UPGRADE THE HEALTH, EDUCATION AND LIVING STANDARDS OF UNDERSERVED CHILDREN AND FAMILIES.

2 Check this box ▶ ☐ 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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	52
6	Total number of volunteers (estimate if necessary)	6	415
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.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,860,815.	1,770,999.
	9	Program service revenue (Part VIII, line 2g)	56,657.	64,401.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,520.	4,909.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,230.	130,231.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,052,222.	1,970,540.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,285,899.	1,266,968.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,600.	79,800.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 238,904.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	718,812.	782,113.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,065,311.	2,128,881.
	19	Revenue less expenses. Subtract line 18 from line 12	-13,089.	-158,341.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,733,748.	3,575,844.
	21	Total liabilities (Part X, line 26)	193,931.	194,368.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,539,817.	3,381,476.

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

▶ CONSTANCE BERRY, PRESIDENT/CHAIRWOMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DASZKAL BOLTON LLP
2401 NW BOCA RATON BLVD
BOCA RATON, FL 33431-6639

EIN ▶

Phone no. ▶ (561) 367-1040

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:
CARIDAD CENTER'S MISSION IS TO UPGRADE THE HEALTH, EDUCATION AND LIVING STANDARDS OF UNDERSERVED CHILDREN AND FAMILIES. VOLUNTEER DOCTORS, DENTISTS, AND MEDICAL PROFESSIONALS SERVE THE UNINSURED WORKING POOR OF PALM BEACH COUNTY.

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 $ 1,295,673. including grants of $ 485,658.) (Revenue $ 69,310.)
23,500 MEDICAL AND DENTAL VISITS WERE PROVIDED TO THE UNINSURED. MEDICAL SERVICES INCLUDE PRIMARY MEDICINE AND SPECIALTY CARE. VOLUNTEER SPECIALISTS INCLUDE INTERNAL MEDICINE, CARDIOLOGY, UROLOGY, OPHTHALMOGY, ENT, PEDIATRICS, PODIATRY, GASTROENTEROLOGY, CHIROPRACTIC, MINOR SURGERY, DIAGNOSTIC TESTING AND WOMEN'S HEALTH. OUR CHRONIC DISEASE MANAGEMENT PROGRAM COORDINATES PREVENTION, EDUCATION AND TREATMENT FOR ALL AT RISK PATIENTS. AN EDUCATION PROGRAM TO PREVENT CHILDHOOD OBESITY WAS LAUNCHED IN 2009. A CASE MANAGER HELPS LEVERAGE SERVICES NOT AVAILABLE WITHIN THE CLINIC. CLINIC SERVICES SAVE PALM BEACH COUNTY TAXPAYERS AN ESTIMATED $4 MILLION IN UNCOMPENSATED HOSPITAL CARE.

4b (Code:) (Expenses $ 44,272. including grants of $) (Revenue $)
45 AT-RISK CHILDREN, GRADES K - 5, ARE PROVIDED WITH AFTER SCHOOL TUTORING ASSISTANCE. VOLUNTEER TUTORS WORKING UNDER THE SUPERVISION OF CERTIFIED TEACHERS HELP THE CHILDREN WITH HOMEWORK, READING, MATH, COMPUTER EDUCATION AND SOCIALIZATION. THE GOAL IS TO DEVELOP AND IMPROVE ACADEMIC SKILLS TO BREAK THE CYCLE OF POVERTY THROUGH EDUCATION. THE PARTICIPANTS DEMONSTRATE IMPROVED SCHOOL PERFORMANCE, SELF CONFIDENCE AND CLASS PARTICIPATION.

4c (Code:) (Expenses $ 212,881. including grants of $ 25,000.) (Revenue $)
THE COMMUNITY OUTREACH PROGRAM HELPS TO PREVENT HOMELESSNESS AMONG OUR PATIENTS THROUGH EMERGENCY ASSISTANCE SERVICES INCLUDING EMERGENCY SUBSIDIES FOR RENT, UTLILITIES AND FOOD VOUCHERS. BACKPACKS WITH GRADE APPROPRIATE SCHOOL SUPPLIES WERE DISTRIBUTED TO 1,600 STUDENTS IN AUGUST. OVER 1,000 CHILDREN RECEIVED HOLIDAY GIFTS AND 450 FAMILIES WERE ADOPTED FOR THE HOLIDAYS. THROUGH OUR EFFORTS, 65 UNDERPRIVILEGED CHILDREN WERE ABLE TO ATTEND SUMMER CAMP, WHICH INCLUDED TUTORING ASSISTANCE BY VOLUNTEERS. 18 COLLEGE STUDENTS RECEIVED SCHOLARSHIPS LAST YEAR.

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

4e **Total program service expenses** ▶ $ 1,552,826.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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*	5		
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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10		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*	11	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.*	12	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* — 12A: Yes [ ] No [X]			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		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*	18		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*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23		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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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*	26		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*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		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*	35		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*	36		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*	37		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.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		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?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		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?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	14		
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?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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 ▶ FL

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: ▶

CHARLES HOFFMAN, DIR. OF FINANCE - 561-737-6336

8645 W. BOYNTON BEACH BLVD., BOYNTON BEACH, FL 33472

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
CONSTANCE BERRY PRESIDENT/CHAIRWOMAN	5.00	X		X				0.	0.	0.
RICHARD RETAMAR, ESQ. VICE-PRESIDENT	2.00	X		X				0.	0.	0.
DR. PAUL ARCHACKI DIRECTOR	2.00	X						0.	0.	0.
LUIS TORRES VICE-PRESIDENT	5.00	X		X				0.	0.	0.
MARIE SPEED SECRETARY	2.00	X		X				0.	0.	0.
NORMAN SHAPIRO DIRECTOR	2.00	X						0.	0.	0.
SUGAR MCCAULEY DIRECTOR	2.00	X						0.	0.	0.
LINDA SNELLING TREASURER	2.00	X		X				0.	0.	0.
PENNY KOSINSKI DIRECTOR	2.00	X						0.	0.	0.
EDWARD BONDER DIRECTOR	2.00	X						0.	0.	0.
MARIA HERNANDEZ DIRECTOR	2.00	X						0.	0.	0.
RICHARD LEVINE DIRECTOR	2.00	X						0.	0.	0.
STEPHEN MINER DIRECTOR	2.00	X						0.	0.	0.
CAROLINE MORAN DIRECTOR	2.00	X						0.	0.	0.
BARBARA VILASECA EXECUTIVE DIRECTOR	40.00			X				87,000.	0.	6,540.
CHARLES HOFFMAN DIRECTOR OF FINANCE	40.00			X				80,600.	0.	5,412.

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								167,600.	0.	11,952.

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 ▶ 0

		Yes	No
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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

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				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e 273,975.				
f All other contributions, gifts, grants, and similar amounts not included above	1f 1497024.				
g Noncash contributions included in lines 1a-1f: $					
h **Total.** Add lines 1a-1f ▶		1770999.			
Program Service Revenue	Business Code				
2 a LAB TEST FEES	541380	64,401.	64,401.		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		64,401.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		28,610.	28,610.		
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents	(i) 505.				
b Less: rental expenses					
c Rental income or (loss)	(i) 505.				
d Net rental income or (loss) ▶		505.			505.
7 a Gross amount from sales of assets other than inventory	(i) Securities 2,960,185. / (ii) Other				
b Less: cost or other basis and sales expenses	(i) 2,983,886.				
c Gain or (loss)	(i) -23701.				
d Net gain or (loss) ▶		-23,701.	-23,701.		
8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a 183875.				
b Less: direct expenses	b 54,149.				
c Net income or (loss) from fundraising events ▶		129,726.			129,726.
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					
b					
c					
d All other revenue					
e **Total.** Add lines 11a-11d ▶					
12 **Total revenue.** See instructions. ▶		1970540.	69,310.	0.	130,231.

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	179,552.	128,829.	34,115.	16,608.
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	892,565.	638,540.	170,669.	83,356.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	128,316.	92,067.	24,380.	11,869.
10 Payroll taxes	66,535.	51,976.	12,294.	2,265.
11 Fees for services (non-employees):				
a Management				
b Legal	3,000.		3,000.	
c Accounting	20,500.		20,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	79,800.			79,800.
f Investment management fees	4,709.		4,709.	
g Other	14,301.	6,166.	1,850.	6,285.
12 Advertising and promotion				
13 Office expenses	70,620.	29,153.	19,177.	22,290.
14 Information technology				
15 Royalties				
16 Occupancy	150,993.	121,174.	20,313.	9,506.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,035.		1,035.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,777.	108,002.	2,775.	
23 Insurance	6,507.	3,447.	3,060.	
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 LABORATORY EXPENSE	94,642.	94,642.		
b HOLIDAY EXPENSE	60,060.	60,060.		
c CLINICAL SUPPLIES	36,268.	36,268.		
d PAYROLL PROCESSING FEES	25,090.	18,073.	4,643.	2,374.
e TRANSPORTATION	9,288.	7,113.	1,482.	693.
f All other expenses	174,323.	157,316.	13,149.	3,858.
25 **Total functional expenses.** Add lines 1 through 24f	2,128,881.	1,552,826.	337,151.	238,904.
26 **Joint costs.** Check here ▶ ☐ 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	379,912.	1	913,512.
	2	Savings and temporary cash investments	86,762.	2	58,966.
	3	Pledges and grants receivable, net	466,450.	3	307,300.
	4	Accounts receivable, net		4	
	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	35,055.	8	26,385.
	9	Prepaid expenses and deferred charges	49,475.	9	41,742.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,475,671.			
	b	Less: accumulated depreciation — 10b: 813,943.	1,717,200.	10c	1,661,728.
	11	Investments - publicly traded securities	998,449.	11	565,766.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	445.	15	445.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,733,748.	16	3,575,844.
Liabilities	17	Accounts payable and accrued expenses	149,992.	17	150,933.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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	43,939.	25	43,435.
	26	**Total liabilities.** Add lines 17 through 25	193,931.	26	194,368.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,277,034.	27	3,060,393.
	28	Temporarily restricted net assets	262,783.	28	321,083.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	3,539,817.	33	3,381,476.
	34	Total liabilities and net assets/fund balances	3,733,748.	34	3,575,844.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	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?	3a	X	
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.	3b	X	

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
CARIDAD CENTER, INC.

Employer identification number
65-0149423

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)(vi).** (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?

		Yes	No
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(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? Yes	No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
Total									

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.")	1,269,971.	1,756,872.	2,689,664.	1,860,815.	1,770,999.	9,348,321.
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	1,269,971.	1,756,872.	2,689,664.	1,860,815.	1,770,999.	9,348,321.
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)						1,342,551.
6 **Public support.** Subtract line 5 from line 4.						8,005,770.

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	1,269,971.	1,756,872.	2,689,664.	1,860,815.	1,770,999.	9,348,321.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,898.	42,332.	51,261.	16,135.	29,115.	161,741.
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						9,510,062.

12 Gross receipts from related activities, etc. (see instructions) ..... **12** 287,473.

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** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... **14** 84.18 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... **15** 79.78 %

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 ..... ▶ ☒

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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.")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 **Identification of Excess Contributions Included on Part II, Line 5** **2009**

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LATTNER FOUNDATION	230,000.	39,799.
QUANTUM FOUNDATION	635,000.	444,799.
ALLEGANY FOUNDATION	480,000.	289,799.
ESATE OF CLYDE DUBBS	695,400.	505,199.
PALM HEALTHCARE FOUNDATION	222,658.	32,457.
TOWN OF PB UNITED WAY	210,900.	20,699.
KRESGE FOUNDATION	200,000.	9,799.

Total Excess Contributions to Schedule A, Part II, Line 5 .... 1,342,551.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

Name of the organization	**Employer identification number**
CARIDAD CENTER, INC.	65-0149423

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: CARIDAD CENTER, INC.

Employer identification number: 65-0149423

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KRESGE FOUNDATION 3215 W. BIGBEAVER RD TROY, MI 48084	$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	PALM HEALTHCARE FOUNDATION 1016 N. DIXIE HIGHWAY WEST PALM BEACH, FL 33401	$ 147,658.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	BLUE FOUNDATION 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	TOWN OF PALM BEACH UNITED WAY 44 COCOANUT ROW PALM BEACH, FL 33480	$ 85,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	SUSAN G. KOMEN FOR THE CURE 1309 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401	$ 38,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	HRSA 5600 FISHERS LANE ROCKVILLE , MD 20857	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
CARIDAD CENTER, INC.	65-0149423

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
CARIDAD CENTER, INC.	65-0149423

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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 CARIDAD CENTER, INC.

Employer identification number 65-0149423

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		159,146.		159,146.
b Buildings		1,898,715.	485,761.	1,412,954.
c Leasehold improvements		15,000.	500.	14,500.
d Equipment		402,810.	327,682.	75,128.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,661,728.

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		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED RENTAL INCOME	43,435.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	43,435.

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	1,970,540.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,128,881.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-158,341.
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	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-158,341.

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	4,661,644.
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	2,695,813.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	2,695,813.
3	Subtract line **2e** from line **1**			3	1,965,831.
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	4,709.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	4,709.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,970,540.

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

1	Total expenses and losses per audited financial statements			1	4,819,985.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,695,813.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	2,695,813.
3	Subtract line **2e** from line **1**			3	2,124,172.
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	4,709.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	4,709.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,128,881.

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.

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: CARIDAD CENTER, INC.

Employer identification number: 65-0149423

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS AND EMPLOYEES MUST ADHERE TO THE CONFLICT OF INTEREST POLICY AND REPORT ANY POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY REVIEWING PREVAILING SALARIES OF OTHER SIMILAR NONPROFIT ORGANIZATIONS

FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

CONSTANCE BERRY - 7928 PIPER LANE, LAKE WORTH, FL 33463

RICHARD RETAMAR, ESQ. - 823 EAST HILLSBORO BLVD, DEERFIELD BEACH, FL 33441

DR. PAUL ARCHACKI - 639 E. OCEAN AVE., SUITE 104, BOYNTON BEACH, FL 33435

LUIS TORRES - 7208 ASHFORD LANE, BOYNTON BEACH, FL 33472

MARIE SPEED - 6413 CONGRESS AVENUE, BOCA RATON, FL 33487

NORMAN SHAPIRO - 7132 QUEEN FERRY CIRCLE, BOCA RATON, FL 33496

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: CARIDAD CENTER, INC.

Employer identification number 65-0149423

SUGAR MCCAULEY - 777 N. OCEAN BLVD., DELRAY BEACH, FL 33483

LINDA SNELLING - 6098 NW 30TH WAY, BOCA RATON, FL 33496

PENNY KOSINSKI - 6000 OLD OCEAN BLVD, OCEAN RIDGE, FL 33435

EDWARD BONDER - 114 MONTE CARLO DRIVE, PALM BEACH GARDENS, FL, FL 33418

MARIA HERNANDEZ - 4261 NW 28TH AVENUE, BOCA RATON, FL 33434

RICHARD LEVINE - 453 PRESTWICK CIRCLE, PALM BEACH GARDENS, FL 33418

STEPHEN MINER - 651 NE SPANISH TRAIL, BOCA RATON, FL 33432

CAROLINE MORAN - 13945 QUARTER HORSE TRAIL, WELLINGTON, FL 33414

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE

THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY TO OVERSEE THE AUDIT AND AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OPHTHAL-MIX NETW	072607	SL	5.00	16	6,549.			6,549.	2,707.		1,310.
2	WINDOWS	112304	SL	7.00	16	550.			550.	381.		79.
3	WINDOWS	052705	SL	7.00	16	1,150.			1,150.	711.		164.
4	AWNINGS	021006	SL	7.00	17	1,850.			1,850.	959.		255.
5	TILE FLOORING	053106	200DB	10.00	17	3,076.			3,076.	1,190.		377.
6	MEDICAL CABINETS	073005	SL	7.00	16	2,737.			2,737.	1,629.		391.
7	DENTAL CHAIR	120704	SL	7.00	16	6,495.			6,495.	4,485.		928.
8	DENTAL CHAIR	042105	200DB	5.00	17	6,495.			6,495.	5,387.		1,108.
9	DENTAL CHAIR	060805	SL	7.00	16	6,495.			6,495.	4,021.		928.
10	BRONZE PLAQUE	111605	200DB	5.00	17	2,449.			2,449.	1,575.		583.
11	WATER FOUNTAIN	011006	SL	7.00	16	935.			935.	502.		134.
12	COLLIMATOR	120704	SL	5.00	16	1,475.			1,475.	1,426.		49.
13	BIRCTHER HYFRECATOR	030105	SL	5.00	16	656.			656.	601.		55.
14	CULPOSCOPE	071905	SL	5.00	16	4,265.			4,265.	3,554.		711.
15	DEFIBULATOR/CRASHCA RT	072705	200DB	5.00	17	1,974.			1,974.	1,733.		241.
16	AUTOCLAVE & X-RAY	071505	SL	5.00	16	6,765.			6,765.	5,750.		1,015.
17	TELEPHONE SYSTEM	120605	SL	5.00	16	11,374.			11,374.	8,721.		2,275.
18	ENT EQUIPMENT	121905	SL	7.00	16	6,936.			6,936.	3,716.		991.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	X-RAY PROCESSOR	030106	SL	7.00	16	4,250.			4,250.	2,175.		607.
20	LAPTOP COMPUTERS	072806	SL	5.00	16	1,697.			1,697.	1,074.		339.
21	PARKING LOT	121508	SL	20.00	16	123,512.			123,512.	5,146.		6,176.
22	SURGISTAT II GENERATOR	081106	SL	5.00	16	4,020.			4,020.	2,546.		804.
23	ASPEN AIR CONDITIONING	030707	SL	10.00	16	8,341.			8,341.	2,155.		834.
24	MCKESSON MEDICAL	112906	SL	5.00	16	2,571.			2,571.	1,457.		514.
25	LOMBART INSTRUMENTS	052907	SL	5.00	16	2,236.			2,236.	1,043.		447.
26	TIGER DIRECT	080107	SL	5.00	16	2,960.			2,960.	1,283.		592.
27	DONOR PERFECT SOFTWARE	052505	SL	5.00	16	6,615.			6,615.	6,615.		0.
28	OFFICE FURNISHINGS-BOLINE	040799	SL	7.00	16	770.			770.	770.		0.
29	OFFICE FURNISHINGS-BOLINE	051799	SL	7.00	16	997.			997.	994.		0.
30	OFFICE FURNITURE	020300	SL	5.00	16	1,197.			1,197.	1,197.		0.
31	ECOM 2000 TELEPHONE ANSWERING SYS.	070902	SL	5.00	16	2,900.			2,900.	2,900.		0.
32	OFFICE EQUIPMENT-COPIER	061004	SL	5.00	16	8,836.			8,836.	8,835.		0.
33	OFFICE EQUIPMENT-PROJECTOR	063004	SL	5.00	16	809.			809.	809.		0.
34	SHED	020599	SL	10.00	16	3,930.			3,930.	3,930.		0.
35	SHED BUILD-OUT	120799	SL	5.00	16	1,503.			1,503.	1,325.		0.
36	CLINIC RENOVATIONS	070904	SL	10.00	16	17,979.			17,979.	9,439.		1,798.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	INTEGRAL CURING LIGHT	100192	SL	5.00	16	800.			800.	800.		0.
38	PERI-PRO DEVELOPER	100192	SL	5.00	16	618.			618.	618.		0.
39	MUIDICK EKG MACHINE	100192	SL	5.00	16	1,695.			1,695.	1,695.		0.
40	CRASH CART	100192	SL	5.00	16	600.			600.	600.		0.
41	OFFICE EQUIPMENT	040108	SL	5.00	16	2,487.			2,487.	746.		497.
42	MICROSCOPE	111593	SL	5.00	16	1,000.			1,000.	1,000.		0.
43	CENTRIFUGE	031094	SL	5.00	16	3,000.			3,000.	3,000.		0.
44	CENTRIFUGE	040194	SL	5.00	16	500.			500.	500.		0.
45	ARNSTAR CHEMISTRY ANALYZER	101894	SL	5.00	16	2,500.			2,500.	2,500.		0.
46	SEGUIDA TURNER 900 CAC ANALYZER	101894	SL	5.00	16	2,500.			2,500.	2,500.		0.
47	AIR CONDITIONING	040108	SL	10.00	16	25,775.			25,775.	3,867.		2,578.
48	ESKALAS SODIUM/ POT ANALYZER	101894	SL	5.00	16	2,500.			2,500.	2,500.		0.
49	MEDICAL EQUIPMENT	040108	SL	5.00	16	5,016.			5,016.	1,505.		1,003.
50	DENTAL CHAIRS	121594	SL	5.00	16	6,000.			6,000.	6,000.		0.
51	ULTRASOUND MACHINE	030995	SL	5.00	16	10,000.			10,000.	10,000.		0.
52	DENTAL CHAIR	031595	SL	5.00	16	750.			750.	750.		0.
53	THERMOMETER	071595	SL	5.00	16	500.			500.	500.		0.
54	HEMATOCRIT & MENOGLOBIN SYSTEM	072095	SL	5.00	16	1,238.			1,238.	1,238.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	DOPPLER	083195	SL	5.00	16	689.			689.	689.		0.
56	X-RAY EQUIPMENT	073196	SL	5.00	16	2,195.			2,195.	2,195.		0.
57	X-RAY EQUIPMENT	010198	SL	7.00	16	6,800.			6,800.	6,800.		0.
58	FILE CABINETS	120197	SL	5.00	16	2,968.			2,968.	2,968.		0.
59	DENTAL EQUIPMENT	012298	SL	5.00	16	11,500.			11,500.	11,500.		0.
60	DENTAL EQUIPMENT	120197	SL	5.00	16	27,030.			27,030.	27,030.		0.
61	DENTAL X-RAY MACHINE-BECKER PARK	010799	SL	7.00	16	2,295.			2,295.	2,295.		0.
62	VISION EQUIPMENT-WASATCH O	051499	SL	7.00	16	15,506.			15,506.	15,506.		0.
63	X-RAY EQUIPMENT-DAIG. IMA	062999	SL	7.00	16	13,469.			13,469.	13,469.		0.
64	VISION EQUIPMENT-WASATCH O	092899	SL	7.00	16	217.			217.	217.		0.
65	DENTAL, EQUIPMENT-CAVITRON	093099	SL	7.00	16	2,916.			2,916.	2,916.		0.
66	A/C FOR SHED	041699	SL	5.00	16	459.			459.	459.		0.
67	MCKESSON SPEEDCLAVE	010600	SL	7.00	16	1,595.			1,595.	1,595.		0.
68	OPTHALMIC INSTRUMENTS	102899	SL	7.00	16	1,295.			1,295.	1,295.		0.
69	TRI-ANIM ECG & SPIRO	042500	SL	7.00	16	4,611.			4,611.	4,611.		0.
70	TV/VCR	061600	SL	5.00	16	550.			550.	550.		0.
71	STAT CRIT MACHINE	121200	SL	5.00	16	1,571.			1,571.	1,571.		0.
72	PROCTOLOGY EQUIPMENT	122700	SL	5.00	16	3,434.			3,434.	3,434.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	REFRIGERATOR-CLINIC	071201	SL	5.00	16	355.			355.	355.		0.
74	COMPUTER	071901	SL	5.00	16	819.			819.	819.		0.
75	CHOLESTECH LDX	072401	SL	5.00	16	1,995.			1,995.	1,995.		0.
76	URINE ANALYZER	072401	SL	5.00	16	695.			695.	695.		0.
77	VISION SCREENER	080701	SL	5.00	16	4,051.			4,051.	4,051.		0.
78	AUDIO PATH	080701	SL	5.00	16	3,495.			3,495.	3,495.		0.
79	MCKESSON DIAGNOSTIC SYSTEM	021202	SL	5.00	16	3,252.			3,252.	3,251.		0.
80	W/THERMOMETER	050802	SL	5.00	16	970.			970.	970.		0.
81	BECKER-PARKIN DENTAL X-RAY	032503	SL	5.00	16	2,400.			2,400.	2,400.		0.
82	BECKER-PARKIN AUTOCLAVE	070103	SL	5.00	16	3,710.			3,710.	3,710.		0.
83	DELL COMPUTERS	050103	SL	5.00	16	12,015.			12,015.	12,015.		0.
84	MEDICAL EQUIPMENT-CRYO UNIT	051804	SL	5.00	16	2,218.			2,218.	2,218.		0.
85	DENTAL EQUIPMENT-GENDEX PR	071604	SL	5.00	16	4,145.			4,145.	4,145.		0.
86	PAVERS	033100	SL	5.00	16	1,920.			1,920.	1,920.		0.
87	LAND	100192	NC	.000		159,146.			159,146.			0.
88	COMPUTER PRINTER (ANNA MARIE)	052600	SL	5.00	16	558.			558.	558.		0.
89	BUILDING	110197	SL	39.00	17	1,135,611.			1,135,611.	346,947.		29,075.
90	FURNISHING FOR COMPUTER ROOM	021799	SL	7.00	16	1,141.			1,141.	1,141.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	SCHOOL FURNISHINGS	093001	SL	7.00	16	5,625.			5,625.	5,625.		0.
92	DELL COMPUTERS-MODULAR C	042104	SL	5.00	16	5,340.			5,340.	5,340.		0.
93	SIGNAGE	101496	SL	15.00	16	1,088.			1,088.	912.		73.
94	SIGNAGE	120197	SL	7.00	16	151.			151.	151.		0.
95	PLAYGROUND EQUIPMENT	010198	SL	7.00	16	21,820.			21,820.	21,820.		0.
96	DENTAL EQUIPMENT	040108	SL	5.00	16	23,309.			23,309.	6,993.		4,662.
97	CONSTRUCTION IN PROGRESS	031509	NC	.000		10,333.			10,333.			0.
98	PARKING LOT (2009)	121508	SL	20.00	16	139,276.			139,276.	5,803.		6,964.
99	AIR CUSTAINS - WESWORTH ELECTRIC	060309	200DB	5.00	17	880.			880.	132.		299.
100	AIR CUSTAINS - WESWORTH ELECTRIC	061609	200DB	5.00	17	880.			880.	132.		299.
101	COMPUTER	090209	200DB	5.00	17	29,746.			29,746.	1,487.		11,303.
102	LATTNER GRANT	022409	200DB	5.00	17	16,868.			16,868.	4,217.		5,060.
103	LATTNER GRANT	042709	200DB	5.00	17	6,392.			6,392.	959.		2,173.
104	BJ MEEKS	062309	200DB	5.00	17	5,973.			5,973.	896.		2,031.
105	ULTRASONIC	090909	200DB	5.00	17	1,634.			1,634.	82.		621.
106	PARKING LOT	121508	SL	20.00	16	378,631.			378,631.	15,776.		18,932.
107	SURGERY SUITE	030910	SL	39.00	19I	8,000.			8,000.			111.
108	NEW OFFICE	032510	SL	39.00	19I	2,860.			2,860.			40.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
109	KITCHEN RENOVATION	051110	SL	15.00	19E	7,600.			7,600.			253.
110	SHED RENOVATION	071410	SL	15.00	19E	7,400.			7,400.			247.
111	VISION EQUIPMENT	120909	SL	5.00	19B	2,688.			2,688.			269.
112	OAKLEY RADAR / LED EQUIPMENT	061510	SL	5.00	19B	5,815.			5,815.			582.
	* TOTAL 990 PAGE 10 DEPR					2,454,733.		0.	2,454,733.	703,170.	0.	110,777.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

990

(Including Information on Listed Property)

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

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CARIDAD CENTER, INC.	FORM 990 PAGE 10	65-0149423

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	55,850.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	53,425.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		8,503.	5 YRS.	HY	SL	851.
c 7-year property						
d 10-year property						
e 15-year property		15,000.	15 YRS.	HY	SL	500.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	03 /10	8,000.	39 yrs.	MM	S/L	111.
	03 /10	2,860.	39.0 YRS	MM	S/L	40.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	110,777.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

Part VI **Amortization**

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Form **8868** (Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization: CARIDAD CENTER, INC.

Employer identification number: 65-0149423

Number, street, and room or suite no. If a P.O. box, see instructions.
8645 W. BOYNTON BEACH BLVD.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
BOYNTON BEACH, FL 33472

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

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

- The books are in the care of ▶ CHARLES HOFFMAN, DIR. OF FINANCE
8645 W. BOYNTON BEACH BLVD. - BOYNTON BEACH, FL 33472
Telephone No. ▶ 561-737-6336 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning OCT 1, 2009, and ending SEP 30, 2010.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.