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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
Samaritan Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2215 Burdett Avenue

City or town, state or country, and ZIP + 4
Troy, NY 12180

D Employer identification number
14-1338544

E Telephone number
(518)471-3135

G Gross receipts $ 128,677,961

F Name and address of principal officer
Norman Dascher
2215 Burdett Avenue
Troy,NY 12180

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www nehealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1898 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Samaritan Hospital's mission is to improve the health of the community by providing high quality, cost effective inpatient, outpatient, primary care and community outreach services with an emphasis on patient safety and satisfaction

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,798
	6 Total number of volunteers (estimate if necessary)	**6**	348
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,941,075
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	523,706

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,449,671	1,747,709
	9 Program service revenue (Part VIII, line 2g)	116,968,271	124,301,754
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,590,585	198,786
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,197,028	2,429,712
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,205,555	128,677,961
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,201,047	66,836,811
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	54,322,693	56,602,508
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	118,523,740	123,439,319
	19 Revenue less expenses Subtract line 18 from line 12	5,681,815	5,238,642

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	122,102,086	128,016,469
	21 Total liabilities (Part X, line 26)	31,699,176	39,597,072
	22 Net assets or fund balances Subtract line 21 from line 20	90,402,910	88,419,397

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

****** | 2012-11-15
Signature of officer | Date

Lori Santos VP Fin/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ WILLIAM J HOMER	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00994519
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP, 1700 MARKET STREET 25TH FLOOR, PHILADELPHIA, PA 191033984			EIN ▶ 86-1065772
			Phone no ▶ (215) 246-2300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

To provide a high-quality, accessible continuum of healthcare, supportive housing and community services

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 37,254,549 including grants of $) (Revenue $ 47,706,104)

238(certified) bed acute facility providing inpatient services including medical, surgical, progressive care, intensive care and coronary care

4b (Code) (Expenses $ 27,117,942 including grants of $) (Revenue $ 22,757,702)

Diagnostic treatment and ancillary services including laboratory, blood bank,diagnostic imaging, nuclear medicine, pharmacy, respiratory, physical medicine, audiology and speech

4c (Code) (Expenses $ 20,854,292 including grants of $) (Revenue $ 17,329,251)

Outpatient and community outreach services including emergency room, cancer treatment, primary care preventive health care and injury management services

(Code) (Expenses $ 11,438,078 including grants of $) (Revenue $ 36,200,061)

Surgical servcies including operating room, anesthesiology and post anesthesia care provided to patients on both an inpatient and outpatient basis

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

Outpatient and community outreach services including emergency room, cancer treatment, primary care preventive health care and injury management services

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

Diagnostic treatment and ancillary servcies including laboratory, blood bank, diagnostic imaging, nuclear medicine, pharmacy, respiratory, physical medicine, audiology and speech

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

Surgical servcies including operating room, anesthesiology and post anesthesia care provided to patients on both an inpatient and outpatient basis

4d Other program services (Describe in Schedule O)

(Expenses $ 11,438,078 including grants of $) (Revenue $ 36,200,061)

4e **Total program service expenses** ▶ $ 96,664,861

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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**		No
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**	Yes	
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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**		No
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**		No
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**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	108		
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**	Yes	
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**	1,798			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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**		No
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**		No
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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	41		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	35		
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Lori Santos
600 Northern Boulevard
Albany, NY 12204
(518) 471-3135

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,276,618	3,638,634	481,353

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 64

		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**		No
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**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Favorite Healthcare Staffing Inc PO Box 803356 Kansas City, MO 64180	Patient Services	2,271,528
Morison Management Services PO Box 102289 Atlanta, GA 30368	Food Mgmt Services	1,461,900
Labcorp of America Holdings PO Box 1214 Burlington, NC 27216	Laboratory Services	1,434,978
HMP of Samaritan PLLC 4535 Dressler Road NW Canton, OH 44718	Medical Services	1,199,950
AOW Associates 33 Essex Street Albany, NY 12206	Construction Service	918,501

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,304,391			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	443,318			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,747,709			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621110	124,301,754	122,360,679	1,941,075	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		124,301,754			
	3	Investment income (including dividends, interest and other similar amounts)		198,786			198,786
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	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				
	11a	School of Nursing	623000	835,778	835,778		
	b	Consulting/Mgmt Food S	624200	651,108			651,108
	c	Laundry	812300	530,124	530,124		
	d	All other revenue		412,702	266,537		146,165
	e	**Total.** Add lines 11a–11d		2,429,712			
	12	**Total revenue.** See Instructions		128,677,961	123,993,118	1,941,075	996,059

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,276,618		2,276,618	
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	54,045,929	45,836,339	8,209,590	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,118,407	1,724,408	393,999	
9	Other employee benefits	4,334,471	3,528,310	806,161	
10	Payroll taxes	4,061,386	3,306,016	755,370	
11	Fees for services (non-employees)				
a	Management	4,391,500	1,427,325	2,964,175	
b	Legal	76,167	37,193	38,974	
c	Accounting	86,020	720	85,300	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	8,992,057	7,686,415	1,305,642	
12	Advertising and promotion	299,418	207,975	91,443	
13	Office expenses	21,960,997	18,729,294	3,231,703	
14	Information technology				
15	Royalties . .				
16	Occupancy	3,709,039	810,517	2,898,522	
17	Travel	167,832	117,848	49,984	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	46,894	35,155	11,739	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,996,386	5,244,985	1,751,401	
23	Insurance	1,070,936		1,070,936	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Bad Debts	7,287,744	7,287,744	0	0
b	NYS Assessment	410,944	410,944	0	0
c	Other fees-for-service*	369,498	12,377	357,121	0
d	Licenses/Permits	331,102	122,155	208,947	0
e					
f	All other expenses	405,974	139,141	266,833	
25	**Total functional expenses.** Add lines 1 through 24f	123,439,319	96,664,861	26,774,458	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		17,597,971	2	14,396,988
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,364,863	4	11,580,993
	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		1,732,291	8	1,880,633
	9	Prepaid expenses and deferred charges		941,712	9	1,174,431
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 144,919,871			
	b	Less accumulated depreciation	10b 105,684,661	40,969,096	10c	39,235,210
	11	Investments—publicly traded securities		32,148,907	11	35,190,677
	12	Investments—other securities See Part IV, line 11		8,649,203	12	9,898,976
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,698,043	15	14,658,561
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		122,102,086	16	128,016,469
Liabilities	17	Accounts payable and accrued expenses		10,754,390	17	14,211,764
	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		712,607	23	437,041
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		20,232,179	25	24,948,267
	26	**Total liabilities.** Add lines 17 through 25		31,699,176	26	39,597,072
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		86,525,468	27	84,123,342
	28	Temporarily restricted net assets		1,908,995	28	2,302,474
	29	Permanently restricted net assets		1,968,447	29	1,993,581
		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		90,402,910	33	88,419,397
	34	Total liabilities and net assets/fund balances		122,102,086	34	128,016,469

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	128,677,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,439,319
3	Revenue less expenses Subtract line 2 from line 1	3	5,238,642
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	90,402,910
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,222,155
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	88,419,397

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

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

Part II **Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $ 11,438,078	including grants of $	) (Revenue $ 36,200,061)	
Surgical servcies including operating room, anesthesiology and post anesthesia care provided to patients on both an inpatient and outpatient basis				
(Code)	(Expenses $	including grants of $	) (Revenue $)	
Outpatient and community outreach services including emergency room, cancer treatment, primary care preventive health care and injury management services				
(Code)	(Expenses $	including grants of $	) (Revenue $)	
Diagnostic treatment and ancillary servcies including laboratory, blood bank, diagnostic imaging, nuclear medicine, pharmacy, respiratory, physical medicine, audiology and speech				
(Code)	(Expenses $	including grants of $	) (Revenue $)	
Surgical servcies including operating room, anesthesiology and post anesthesia care provided to patients on both an inpatient and outpatient basis				

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the 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	1,957,702	1,715,442	1,522,807	1,787,938	
b	Contributions	25,134	450,849	-12,300	58,330	
c	Investment earnings or losses		-208,589	204,935	-323,461	
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,982,836	1,957,702	1,715,442	1,522,807	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,108,212		2,108,212
b Buildings		60,694,591	37,463,134	23,231,457
c Leasehold improvements		1,858,638	1,248,372	610,266
d Equipment		69,703,391	57,023,106	12,680,285
e Other		10,555,039	9,950,049	604,990
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				39,235,210

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
(1) Financial derivatives	9,898,976	F
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	9,898,976	

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. *(Column (b) should 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
(1) Assets whose Use is Limited	690,253
(2) Deferred Compensation Agreements	371,710
(3) Due to/from Affiliates	3,537,915
(4) Goodwill	250,000
(5) Interest in Northeast Health Foundation	2,650,063
(6) Other Current Assets	4,539,557
(7) Rubin Dialysis Receivable	2,119,262
(8) Tuition Receivable	499,801
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,658,561

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Accrued Pension Liability	14,104,213
Asset Retirement Obligation	1,477,410
Deferred Compensation Payable	371,710
Due to Affiliates	-196,364
Estimated Third-Party Settlements	8,408,408
Other Reserves	241,382
Pension choice liability	541,508
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	24,948,267

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The endowment funds are invested and the investment realized gains are used for the ongoing operations of the hospital or the specific purpose identified by the donor

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Assets whose Use is Limited	690,253
Deferred Compensation Agreements	371,710
Due to/from Affiliates	3,537,915
Goodwill	250,000
Interest in Northeast Health Foundation	2,650,063
Other Current Assets	4,539,557
Rubin Dialysis Receivable	2,119,262
Tuition Receivable	499,801

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			1,904,417		1,904,417	1 640 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)			15,992,824	13,412,707	2,580,117	2 220 %
d **Total** Charity Care and Means-Tested Government Programs			17,897,241	13,412,707	4,484,534	3 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			190		190	0 %
f Health professions education (from Worksheet 5)			1,453,340	1,292,522	160,818	0 140 %
g Subsidized health services (from Worksheet 6)			1,064,470	812,830	251,640	0 220 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			299,512		299,512	0 260 %
j **Total** Other Benefits			2,817,512	2,105,352	712,160	0 620 %
k **Total.** Add lines 7d and 7j			20,714,753	15,518,059	5,196,694	4 480 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense	2	2,080,233	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	151,217	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	25,180,202
6	Enter Medicare allowable costs of care relating to payments on line 5	6	26,480,984
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,300,782
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Samaritan Hospital 2215 Burdett Ave Troy, NY 12180	X	X					X		
2	Rensselaer Regional Heart Institute 2215 Burdett Ave Troy, NY 12180	X								Outpatient Cardiac Catheterizaton svc

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Samaritan Hospital

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Rensselaer Regional Heart Institute

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **6**

	Name and address	Type of Facility (Describe)
1	Cohoes Family Care 95 Remsen Street Cohoes, NY 12047	Primary Care Center
2	Family Medical Group 279 Troy Road Route 4 Rensselaer, NY 12144	Primary Care Center
3	Riverside Family Medical Group 35 Lower Hudson Ave Green Island, NY 12183	Primary Care Center
4	South Troy Health Center 300 Fourth Street Troy, NY 12180	Primary Care Center
5	Waterford Health Center 158 Saratoga Avenue Waterford, NY 12188	Primary Care Center
6	Continuing Treatment Services 1801 Sixth Avenue Troy, NY 12180	Outpatient Continuing Treatment Svc/MICA
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c Samaritan Hospital's financial assistance policy uses the Federal Poverty Guidelines to determine eligibility, and does not use an asset test

Identifier	ReturnReference	Explanation
		Part I, Line 6a The community benefit report, in the form of a document entitled "Community Service Plan - Comprehensive Three-Year Plan," was prepared by Northeast Health, Inc , a related organization that controls Samaritan Hospital

Identifier	ReturnReference	Explanation
		Part I, Line 7 Samaritan Hospital utilized the same methodology required by the NYS Institutional Cost Report This methodology requires the Hospital to use a cost-to-charge ratio (from the annual Medicare Cost Report) to calculate (at cost) uncollected amounts attributable to services provided to unisured patients found to be eligible for financial aid as well as uncollected co-insuarnace and deductibles for insured patients found to be eligible for financial aid Samaritan Hospital used its internal cost accounting system to calculate the amounts used in the table The Hospital's cost accounting system includes all operations and service lines the hospital offers and includes all payor groups with detail for Medicare, Medicaid, Commercial Insurers, HMO's, Managed Care Plans, Private Insurance, Self Pay, etc

Identifier	ReturnReference	Explanation
		Part I, Line 7g Samaritan Hospital reported costs of $1,064,470 for the operation of primary care clinics These costs are net of Medicaid and other means-tested government programs, charity care and bad debt

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) Samaritan Hospital had bad debt expense of $7,287,744 reported on Form 990 Part IX, Line 25, but subtracted this amount for purposes of calculating line 7 column (f) Samaritan Hospital used the step-down costs as reported in our 2011 Medicare Cost Report to calculate the costs for the School of Nursing program costs reported on line 7f

Identifier	ReturnReference	Explanation
		Part III, Line 4 The Hospital's bad debt expense is calculated on an allowance/reserve basis Each month, account balances, net of payments, discounts and contractual allowances, are sorted by the age of the receivable and payor group Each payor and aging group is assigned a percentage that will be used to calculate a reserve/allowance for bad debt This allowance for doubtful account total is combined with our bad debt account receivable balance to arrive at a total estimated allowance for doubtful accounts This total is compared to our total allowance for doubtful accounts recorded in the Hospital's general ledger The difference is recorded as bad debt expense Account balances on patient accounts are transferred to bad debt accounts receivable once they are determined to be uncollectible The balances are net of discounts, adjustments and payments that have been applied to these accounts In order to determine the Hospital's bad debt expense at cost for Part III, line 2, we first identified what portion of the bad debt was inpatient and what portion was outpatient We then applied the appropriate cost to charge ratio (I/P or O/P) as reported in our 2011 Medicare Cost Report to the bad debt expense amounts (I/P and O/P) to determine bad debt expense at cost The Hospital's estimate of bad debt expense at cost attributable to patients that may have been eligible under organization's charity care policy, but for whom sufficient information was unable to be obtained in order to make a determination, is based on the following - We then took the number of incomplete and denied applications for 2011 and researched each account to see what amount was transferred to bad debt and multplied that amount by the appropriate ratio of cost to charges (RCC) to calculate the bad debt at cost - Accounts are denied or incomplete due to insufficient information or refusal to provide information We only selected accounts that then actually had balance transferred to bad debt with our rationale being that these patients would have qualified for charity care had they completed the process since they didn't have the means to pay and the balances were transferred to bad debt The combined financial statements for Northeast Health, Inc and Affiliates (which includes Samaritan Hospital), contain the following note regarding bad debt expense "Charity Care and Provision for Bad Debts* * *"The Affiliates grant credit without collateral to patients, most of whom are local residents and are insured under third-party agreements Additions to the allowance for estimated uncollectible accounts are made by means of the provision for bad debts Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Federal and state governmental health care coverage and other collection indicators Services rendered to individuals when payment is expected and ultimately not received are written off to the allowance for estimated uncollectible accounts "

Identifier	ReturnReference	Explanation
		Part III, Line 8 Samaritan Hospital used its internal cost accounting system to calculate the amounts used in the table The Hospital's cost accounting system includes all operations and service lines the hospital offers and includes all payor groups with detail for Medicare, Medicaid, Commercial Inurers, HMO's, Managed Care Plans, Private Insurance, Self Pay, etc

Identifier	ReturnReference	Explanation
		Part III, Line 9b If a patient qualifies for financial assistance, their account will not be subject to the usual collection practices during this process If the patient does not submit the necessary documentation within 90 days, then their account could be forwarded to collections

Identifier	ReturnReference	Explanation
Samaritan Hospital		Part V, Section B, Line 19d The hospital used its negotiated commercial insurance rate negotiated with its highest volume commercial payer as allowed by NYS PBH Law section 2807-k (9)

Identifier	ReturnReference	Explanation
Rensselaer Regional Heart Institute		Part V, Section B, Line 19d The hospital used its negotiated commercial insurance rate negotiated with its highest volume commercial payer as allowed by NYS PBH Law section 2807-k (9)

Identifier	ReturnReference	Explanation
		Part VI, Line 2 The organization, as a component of the Northeast Health system, has been a participant in the Healthy Capital District Initiative ("HCDI") since 1999 Other participants include all hospitals, county health departments and payers in the Albany, Rensselaer and Schenectady counties Recently, HCDI undertook a three-pronged initiative to engage the public and assess community need The three efforts consisted of 1 The collection and analysis of data in the Community Health Profile,2 The production of a Community Health Forum broadcast by the local PBS affiliate, and3 The collection of data using an online Community Health Survey to assess respondents' opinions on the health of the Capital District Through the HCDI process, consideration of the New York State Commissioner of Health's ten public health priorities, and through other local efforts to obtain additional community input, Northeast Health developed health services priorities contained in its Community Service Plan

Identifier	ReturnReference	Explanation
		Part VI, Line 3 In addition to posting Samaritan Hospital's financial assistance policy on the hospital's website, Samaritan Hospital physically posts the policy at almost all inpatient and outpatient intake desks All registration personnel are trained to know the procedures for assisting patients who have no insurance Samaritan Hospital has also contracted with a firm that supplies the services of a Medicaid enroller "on-site"

Identifier	ReturnReference	Explanation
		Part VI, Line 4 General DescriptionSamaritan Hospital is part of the Northeast Health network, a regional, comprehensive, not-for-profit provider of health care and community services Northeast Health was formed in 1995 by the merger of Samaritan Hospital and The Eddy, joined by Albany Memorial Hospital in 1997 and Sunnyview Rehabilitation Hospital in 2007 The components of Northeast Health are deeply rooted in their communities, each with a long tradition of providing high quality care and services Serving 22 counties in the greater Capital Region of Upstate New York, Northeast Health cares for approximately 175,000 people each year and provides a vast array of senior care, hospital services, rehabilitation, specialty services and retirement living options Our Primary Care Network offers a full range of medical, preventive and diagnostic services for people of all ages at nine locations throughout the region Communities ServedSamaritan Hospital (238 beds) serves primarily the population of Albany and Rensselaer counties, New York These contiguous counties (separated north to south by the Hudson River) contain 458,764 persons Their populations are concentrated along the Hudson River in the cities of Albany, Cohoes, Rensselaer and Troy, which accounts for about 40% of the population The balance of the population is dispersed among smaller cities, villages, suburbs and rural areas Albany and Rensselaer counties have a fairly consistent demographic profile based on income, poverty and health insurance measures as illustrated below Demographic Albany Rensselaer2010 Population 302,162 156,6022020 Population 307,201 158,579% Change 1 7% 1 3%2010 Households 125,729 62,3852020 Households 129,568 64,442% Change 3 1% 3 3% 2009 Median Household Income $53,317 $52,232Persons Below Poverty Level (2007 Estimate) 33,254 (11 7%) 15,898 (10 6%)Number of Medicaid Enrollees 2008 37,659 (12 5%) 21,767 (13 9%) Number of Uninsured (2007 Estimate) 33,550 (11 1%) 17,098 (10 9%)On a percentage basis, the communities are very similar for median income, poverty, Medicaid enrollees and the uninsured Other HospitalsThere are four other hospitals in the two county area Albany Medical Center Hospital (Albany) is a 600-bed tertiary care facility St Peter's Hospital (Albany) is a 450-bed tertiary care facility Albany Memorial Hospital (Albany) is a 160-bed acute care general hospital, also part of the Northeast Health network Seton Health System/St Mary's Hospital (Troy), is a 190-bed acute care facility Medically Underserved Areas / PopulationsEach of these counties has areas that are designated as medically underserved In Rensselaer County, those parts of the City of Troy which border the Hudson River are designated as medically underserved populations (MUP) The City of Albany areas adjacent to the river are designated as a medically underserved area (MUA) Samaritan Hospital is located adjacent to the MUP and delivers services to that population through the Emergency Room and a Primary Care practice located within the MUP designated area

Identifier	ReturnReference	Explanation
		Part VI, Line 5 In addition to its activities in delivering health care services to the community as described elsewhere in this filing, Samaritan Hospital furthers its exempt purposes through the following means 1 Samaritan Hospital is managed by a community board of directors, on which the substantial majority of directors are residents of the hospital's primary or secondary service area and who are neither employees nor contractors of the hospital,2 With the exception of certain departments which, in the interests of efficiency, quality and proper administration, are traditionally reserved to a single physician group having an exclusive arrangement with respect to the department (e g , radiology, anesthesia, pathology, etc), Samaritan Hospital maintains an open medical staff that extends privileges to all qualified physician applicants, and3 The organization generally applies all surplus funds to ensuring financially prudent availability of funds, capital maintenance and improvements, and the addition of services that benefit the community In 2010 Northeast Health, the health system to which Samaritan Hospital belongs, entered into an affiliation agreement with St Peter's Health Care Services, principally located in Albany, and Seton Health System, principally located in Troy, under which the parties will form of a new not-for-profit entity that will become the parent of the constituent systems The parties consummated the affiliation transaction in the fall of 2011 The affiliation parties believe that by combining their complementary strengths, they can significantly improve their ability to meet the healthcare needs of the region through more coordination, improved efficiency, reduced fragmentation of care, and improved access for the poor and underserved people in the Capital Region and beyond The affiliation will better position the parties to address such challenges and to meet the needs of the community

Identifier	ReturnReference	Explanation
		Part VI, Line 6 Samaritan Hospital is affiliated with Northeast Health, a network of healthcare, supportive housing and community services The affiliation furthers Samaritan Hospital's ability to promote health care in many ways Northeast Health affiliation helps ensure Samaritan Hospital's financial stability through reduced administrative overhead costs, access to capital and supply chain management, among other things Samaritan Hospital's affiliation with Northeast Health also enables greater collaboration with affiliated hospitals and other providers of services In addition to sharing policies and procedures and ideas for best operational and management practices, system affiliates participate jointly in quality improvement activities The Northeast Health Board Quality Committee oversees quality improvement activities in the system's acute care hospitals, rehabilitation hospital, skilled nursing facilities, primary care network, visiting nurse and community service programs, adult housing and program for all-inclusive care for the elderly ("PACE" program) Through this committee and other joint activities, the system seeks to ensure collaboration on quality initiatives among varied provider types For example, several quality initiatives commenced in 2009 are intended to lead to measurable improvements in patient care transitions between hospitals, nursing homes, home health and supportive housing Northeast Health has also successfully deployed the Lean Thinking and Tools developed by the Toyota Production System, in its integrated health care delivery system This sophisticated system of process improvement is used by Northeast Health affiliates to improve and optimize managerial, operational and clinical processes Samaritan Hospital's affiliation with Northeast Health has enabled it to adopt Lean Thinking and Tools with a degree of success unlikely to have been attained but for the affiliation Lean Thinking and Tools have enabled Samaritan Hospital to provide better care and services to the community

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	NY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Boyle Steven	(i)	0	0	0	0	0	0	0
	(ii)	550,014	267,101	52,159	11,025	4,387	884,686	0
(2) Costantino Jo-Ann	(i)	0	0	0	0	0	0	0
	(ii)	327,758	19,011	21,847	12,199	7,324	388,139	0
(3) Dascher Norman	(i)	322,139	20,332	30,369	9,800	13,409	396,049	0
	(ii)	0	0	0	0	0	0	0
(4) Reed James K MD	(i)	0	0	0	0	0	0	0
	(ii)	493,493	289,859	31,924	19,524	18,204	853,004	0
(5) Brodbeck Kathleen	(i)	0	0	0	0	0	0	0
	(ii)	261,271	62,848	1,308	76,826	14,177	416,430	0
(6) Gavin James	(i)	0	0	0	0	0	0	0
	(ii)	290,196	73,799	30,652	113,976	15,804	524,427	0
(7) Santos Lori	(i)	0	0	0	0	0	0	0
	(ii)	196,388	10,873	16,914	8,635	2,464	235,274	0
(8) Schuhle Thomas	(i)	0	0	0	0	0	0	0
	(ii)	270,314	31,466	21,540	11,460	18,432	353,212	0
(9) Silverman Daniel MD	(i)	210,545	12,480	1,290	8,945	13,197	246,457	0
	(ii)	0	0	0	0	0	0	0
(10) Smith Robert	(i)	130,139	8,068	14,488	6,187	7,657	166,539	0
	(ii)	0	0	0	0	0	0	0
(11) Tassey Karen	(i)	0	0	0	0	0	0	0
	(ii)	216,581	11,919	774	8,902	841	239,017	0
(12) Biguzzi Sergio	(i)	364,138	0	1,664	9,800	1,664	377,266	0
	(ii)	0	0	0	0	0	0	0
(13) Field Gregory	(i)	311,449	11,000	180	9,800	15,946	348,375	0
	(ii)	0	0	0	0	0	0	0
(14) Silk Yusuf	(i)	225,212	8,750	16,822	4,900	8,115	263,799	0
	(ii)	0	0	0	0	0	0	0
(15) Singh Indra	(i)	192,433	49,756	16,770	9,323	841	269,123	0
	(ii)	0	0	0	0	0	0	0
(16) Singh Vinita	(i)	321,930	0	414	4,900	12,689	339,933	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Samaritan Hospital pays for the dues associated with CEO Norman Dascher's membership to a country club All invoices are received by Samaritan Hospital Mr Dascher reimburses the organization for the personal use charges that are unrelated to dues, so that only the dues payments represent additional compensation to Mr Dascher The organization pays for business-related charges Reimbursement for this benefit is covered by Samaritan Hospital's general expense reimbursement policy
	Part I, Line 3	Compensation of the organization's top management officials Steven Boyle was compensated by CHE, and James Reed was compensated by Northeast Health, Inc through September 30, 2011 and by CHE starting October 1, 2011 The organization relied on Northeast Health, Inc and CHE which used one or more of the following methods to establish compensation for these officials - Compensation committee - Independent compensation consultant - Written employment contract - Compensation survey - Approval by the board or compensation committee On an annual basis, the organization uses an independent compensation consultant to review the salaries for other executives and ensure such salaries are consistent with market salaries paid to similarly situated executives In addition, a compensation committee reviews this information annually and it is then approved by the board or compensation committee Finally, executives receive a written letter outlining the specifics of their compensation
	Part I, Line 4b	Supplemental Executive Retirement Plan will provide benefits to certain key executive employees of SPHCS The Trustee is Charles Schwab Trust Company The plan type is a 457(f) plan funded through a Rabbi Trust

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Boyle Steven	(I)	0	0	0	0	0	0	0
	(II)	550,014	267,101	52,159	11,025	4,387	884,686	0
Costantino Jo-Ann	(I)	0	0	0	0	0	0	0
	(II)	327,758	19,011	21,847	12,199	7,324	388,139	0
Dascher Norman	(I)	322,139	20,332	30,369	9,800	13,409	396,049	0
	(II)	0	0	0	0	0	0	0
Reed James K MD	(I)	0	0	0	0	0	0	0
	(II)	493,493	289,859	31,924	19,524	18,204	853,004	0
Brodbeck Kathleen	(I)	0	0	0	0	0	0	0
	(II)	261,271	62,848	1,308	76,826	14,177	416,430	0
Gavin James	(I)	0	0	0	0	0	0	0
	(II)	290,196	73,799	30,652	113,976	15,804	524,427	0
Santos Lori	(I)	0	0	0	0	0	0	0
	(II)	196,388	10,873	16,914	8,635	2,464	235,274	0
Schuhle Thomas	(I)	0	0	0	0	0	0	0
	(II)	270,314	31,466	21,540	11,460	18,432	353,212	0
Silverman Daniel MD	(I)	210,545	12,480	1,290	8,945	13,197	246,457	0
	(II)	0	0	0	0	0	0	0
Smith Robert	(I)	130,139	8,068	14,488	6,187	7,657	166,539	0
	(II)	0	0	0	0	0	0	0
Tassey Karen	(I)	0	0	0	0	0	0	0
	(II)	216,581	11,919	774	8,902	841	239,017	0
Biguzzi Sergio	(I)	364,138	0	1,664	9,800	1,664	377,266	0
	(II)	0	0	0	0	0	0	0
Field Gregory	(I)	311,449	11,000	180	9,800	15,946	348,375	0
	(II)	0	0	0	0	0	0	0
Silk Yusuf	(I)	225,212	8,750	16,822	4,900	8,115	263,799	0
	(II)	0	0	0	0	0	0	0
Singh Indra	(I)	192,433	49,756	16,770	9,323	841	269,123	0
	(II)	0	0	0	0	0	0	0
Singh Vinita	(I)	321,930	0	414	4,900	12,689	339,933	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) 10 unnamed individuals	Current or Former Director,Officer or Key Employee	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Medical Liability Mutual Insurance	Director James K Reed, M D on board	4,230,022	Aggregate premiums for general/professional liability insurance		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Sch L, Part III, Grants or Assistance Benefitting Interested Persons		Items described in this part of Schedule L are courtesy discounts for hospital services provided by the organization to interested persons The names of such persons are not provided in order to protect their health information privacy, consistent with the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, and implementing regulations, popularly known as HIPAA The courtesy discounts are provided under two established hospital policies, one that provides a hospital services discount benefit to all employees of the organization and their dependents, and one that provides the same discount benefit to all current and former board members of the organization, and their dependents In 2011, 10 interested persons listed on Form 990, Part VII received such benefits, none of whom received more than $600 in aggregate discounts

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Directors James H Puleo, M D and James V Puleo, M D have a family relationship

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	Yes As a result of an affiliation on October 1, 2011, the organization became part of St Peter's Health Partners, a newly formed not-for-profit health care system that has applied for exemption under IRC Sec 501(c)(3) SPHP, in turn, is part of Catholic Health East, a Pennsylvania nonprofit corporation that is exempt under IRC Sec 501(c)(3) In connection with the affiliation, both the certificate of incorporation and bylaws of the organization were amended in 2011 I The certificate of incorporation was amended - to provide that the organization will carry out its purposes "in concert with the Catholic health care system governed by Catholic Health East" and that it will pursue its purposes in conformity with the Ethical and Religious Directives for Catholic Health Care Services, - to state that the organization's sole member (i e , corporate parent) is Northeast Health, Inc , - to confer certain reserved powers on Northeast Health, Inc , - to set forth the following tax exemption language "The Corporation is organized and shall be operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Code No part of the assets, income, profits or earnings of the Corporation shall inure to the benefit of, or be distributed to, its members, directors, officers, or other private person, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein No substantial part of the activities of the Corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except as otherwise provided by Section 501(h) of the Code, and the Corporation shall not participate in, or intervene in (including the publishing or distributing of any statement) any political campaign on behalf of or in opposition to any candidate for public office Notwithstanding any other provisions of this Certificate of Incorporation, the Corporation shall not carry on any activities or have or exercise any powers not permitted to be carried on or exercised by an organization exempt from federal income taxation under Section 501(c)(3) of the Code, or an organization, contributions to which are deductible under Section 170(c)(2) of the Code " - to revise the provision regarding disposition of assets in the event of dissolution, preserving the requirement that distribution shall only to be an organization exempt under IRC Sec 501(c)(3), - to confer certain reserve powers on Catholic Health East, - to confer certain reserved powers on St Peter's Health Partners, II The bylaws were amended to generally be consistent with the amended certificate, and more specifically - to provide that the organization will carry out its purposes "in concert with the Catholic health care system governed by Catholic Health East " - to set forth a mission and values for the organization, - to provide that St Peter's Health Partners is the sole member of the Corporation, - to confer certain reserve powers on Catholic Health East, - to confer certain reserved powers on St Peter's Health Partners, - to revise provisions relating to the Board of Trustees, their powers and their meetings, - to revise provisions relating to officers and committees, - to revise provisions relating to indemnification and amendments

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Notheast Health, Inc is the sole member

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	Yes, Northeast Health, Inc approves the appointment of the members of the governing body

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	St Peter's Health Partners, its subsidiaries, and/or Catholic Health East, may have limited reserved powers to approve decisions of the governing body

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	Form 990 was made available on the board website for all board members to review

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Northeast Health, the health system to which Samaritan Hospital belongs, has two system-wide conflict-of-interest policies, one applicable to the Board of Directors of each system affiliate and one applicable to administrative staff and select employees and medical staff Together, the two policies require annual disclosure of conflicts of interest by all directors, officers and key employees, and prescribe various responses to such conflicts applying customary conflict-of-interest principles Employee disclosure forms are reviewed annually by the system compliance officer for a determination of any conflicts impact on the integrity of the disclosing individual's acts and decisions Violation of the policy subjects an employee to potential disciplinary action Board of Directors' conflict-of-interest disclosure forms are reviewed and summarized by the system compliance officer, and the summary is reviewed by the board's Corporate Compliance and Audit Committee and any necessary action taken by such committee Customary procedures are followed, including non-participation by affected individuals in the deliberation and vote on any matters that potentially conflict with the individual's outside interests Appropriate corrective action is taken by the board in the event of a director's failure to disclose a conflict of interest or other violation of the policy

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	Procedures to determine the organization's top management officials' compensation are set forth in Schedule J, Part III In addition, CHE's determination of compensation includes review by an independent compensation committee, which reviews and approves all elements of remuneration The committee has an established compensation philosophy, which details the objects of market positioning and pay elements The committee engages with external consultants to provide market data comparing the organization's roles to similarly sized health systems utilizing both title and job content comparisons The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan All of these discussions and decisions are documented through the provision of meeting minutes The compensation of other officers and key employees of the organization are reviewed by an independent compensation consultant who reviews the salaries to ensure they are within market and market competitive This is done on an annual basis, reviewed by either the organization's or a related organization's compensation committee and communicated to the other officers and key employees

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	In 2011, Northeast Health, Inc and its affiliates did not make the above-named documents available to the public, although certificates of incorporation were available from the NYS Secretary of State

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	Individuals compensated by a related organization have responsibilities and perform services for several organizations within the health system. The amount of compensation appearing in columns (E) and (F) reflect the services performed for the entire health system as a whole and not merely a single organization within the health system

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Capital Transfer -5,000,000 Increase in Permanently Restricted Net Assets 25,134 Increase in Temporarily Restricted Net Assets 393,479 Net Assets Released 6,626,206 Pension restructring expense -541,508 Prepaid Pension Writedown -7,831,466 Transfer to Northeast Health -894,000 Total to Form 990, Part XI, Line 5 -7,222,155

Identifier	Return Reference	Explanation
		Disclosure Statement Related to Form 5471 Filed by Catholic Health East and Saint Michael's Medical Center Under the constructive ownership rule of Internal Revenue Code Sections 318(a) and 958(b), the organization is required to file Form 5471, Information Return of U S Persons With Respect to Certain Foreign Corporations, as a Category 4 and/or Category 5 filer with respect to Stella Maris Insurance Company Limited and Chestnut Risk Services, LTD (collectively, the "foreign corporations") This filing requirement is, or will be, satisfied through the filing of Forms 5471 with respect to the foreign corporations on the organization's behalf by the U S organizations identified below Foreign Corporation Stella Maris Insurance Company U S Organization Catholic Health East Address 3805 West Chester Pike, Suite 100, Newtown Square, Pennsylvania 19073 Identifying Number of U S Tax Return with Which Form 5471 was filed 23-2929748 IRS Service Center Where U S Return Was Filed Ogden, UT Foreign Corporation Chestnut Risk Services, LTD U S Organization Saint Michael's Medical Center Address 111 Central Avenue, Newark, New Jersey 07102 Identifying Number of U S Tax Return with Which Form 5471 was filed 26-2616046 IRS Service Center Where U S Return Was Filed Ogden, UT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Catholic Health East 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748	Management Services	PA	501(c)(3)	Line 11a, I	N/A	Yes	
Continuing Care Management Services Network 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Mercy Health System of Maine 144 State Street Portland, MA 04101 01-0484074	Management & Support Services	ME	501(c)(3)	Line 11c, III-FI	Catholic Health East	Yes	
Mercy Hospital 144 State Street Portland, MA 04101 01-0211534	Hospital	ME	501(c)(3)	Line 3	Mercy Health System of Maine	Yes	
St Peter's Health Partners 315 South Manning Blvd Albany, NY 12208 45-3570715	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St Peter's Health Care Services 315 South Manning Blvd Albany, NY 12208 22-2702507	Management & Support Services	NY	501(c)(3)	Line 9	St Peter's Health Partners	Yes	
St Peter's Hospital 315 South Manning Blvd Albany, NY 12208 14-1348692	Hospital	NY	501(c)(3)	Line 3	St Peter's Health Care Services	Yes	
St Peter's Hospital Foundation Inc 319 South Manning Blvd Suite 309 Albany, NY 12208 22-2262982	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services	Yes	
Eddy Licensed Home Care Agency 433 River St Suite 3000 Troy, NY 12180 14-1818568	Home Health	NY	501(c)(3)	Line 3	LTC(Eddy) Inc	Yes	
The Community Hospice Foundation Inc 295 Valley View Blvd Rensselaer, NY 12144 22-2692940	Fundraising & Public Relations	NY	501(c)(3)	Line 7	The Community Hospice Inc	Yes	
The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY 12144 14-1608921	Serving seriously ill people & their families	NY	501(c)(3)	Line 3	St Peter's Health Care Services	Yes	
Villa Mary Immaculate 301 Hackett Blvd Albany, NY 12208 14-1438749	Nursing Home & Physical Rehab	NY	501(c)(3)	Line 3	St Peter's Hospital	Yes	
Warde Service Corporation Inc 159 Wolf Road 3rd Floor Albany, NY 12205 14-1732097	Supporting & strengthing the ministries of rel sr mercy	NY	501(c)(3)	Line 9	St Peter's Health Care Services	Yes	
Mercy Care for Kids Inc 310 South Manning Blvd Albany, NY 12208 14-1717564	Day care center	NY	501(c)(3)	Line 9	St Peter's Health Care Services	Yes	
Our Lady of Mercy Life Center 2 Mercycare Lane Guilderland, NY 12084 14-1743506	Nursing Home Facility	NY	501(c)(3)	Line 3	St Peter's Health Care Services	Yes	
St Peter's Auxiliary 315 South Manning Blvd Albany, NY 01228 22-2843206	Auxiliary	NY	501(c)(3)	Line 11a, I	St Peter's Health Care Services	Yes	
Memorial Hospital Albany NY 600 Northern Blvd Albany, NY 12204 14-1338457	General Hospital	NY	501(c)(3)	Line 3	Northeast Health Inc	Yes	
Beechwood Inc 2212 Burdett Ave Troy, NY 12180 14-1651563	Real estate holding	NY	501(c)(2)	N/A	LTC (Eddy) Inc	Yes	
Beverwyck Inc 40 Autumn Drive Slingerlands, NY 12159 14-1717028	Independent/Assisted Living Retirement Community	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
Capital Region Geriatric Center Inc 421 West Columbia St Cohoes, NY 12047 14-1701597	Nursing Home	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Senior Care Connection Inc 504 State St Schenectady, NY 12305 14-1708754	PACE Program	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
Glen Eddy Inc One Glen Eddy Drive Niskayuna, NY 12309 14-1794150	Independent/Assisted Living Community	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
Hawthorne Ridge Inc 30 Community Way East Greenbush, NY 12061 80-0102840	Independent/Assisted Living Retirement Community	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
Heritage House Nursing Center Inc 2920 Tibbits Ave Troy, NY 12180 14-1725101	Nursing home	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
Home Aid Service of Eastern New York Inc 433 River St Suite 3000 Troy, NY 12180 14-1514867	Home care	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
James A Eddy Memorial Geriatric Center Inc 2256 Burdett Ave Troy, NY 12180 22-2570478	Nursing home	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
LTC (Eddy) Inc 2212 Burdett Ave Troy, NY 12180 22-2564710	Elderly health/housing supporting org	NY	501(c)(3)	Line 11a, I	Northeast Health Inc	Yes	
The Marjorie Doyle Rockwell Center Inc 421 West Columbia St Cohoes, NY 12047 14-1793885	Adult Home/Alzheimers	NY	501(c)(3)	Line 9	LTC (Eddy) Inc	Yes	
Shaker Properties Inc 2212 Burdett Ave Troy, NY 12180 22-3119822	Real Estate holding	NY	501(c)(2)	N/A	Northeast Health Inc	Yes	
Sunnyview Hospital & Rehabilitation Ctr 1270 Belmont Ave Schenectady, NY 12308 14-1338386	Rehabilitation hospital	NY	501(c)(3)	Line 3	LTC (Eddy) Inc	Yes	
Empire Home Infusion Service Inc 10 Blacksmith Drive Malta, NY 12020 14-1795732	Home care	NY	501(c)(3)	Line 9	Home Aid Service of Eastern New York Inc	Yes	
Samaritan Child Care Center Inc 2213 Burdett Ave Troy, NY 12180 14-1710225	Child day care	NY	501(c)(3)	Line 9	Northeast Health Inc	Yes	
The Northeast Health Foundation Inc 2224 Burdett Ave Troy, NY 12180 22-2743478	Supporting foundation	NY	501(c)(3)	Line 7	Northeast Health Inc	Yes	
Northeast Health Inc 2212 Burdett Ave Troy, NY 12180 04-2450756	Supporting Organization	NY	501(c)(3)	Line 11b, II	St Peter's Health Partners	Yes	
Seton Health System Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1776186	Hospital	NY	501(c)(3)	Line 3	St Peter's Health Partners	Yes	
Seton Auxiliary Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1505031	Supporting Organization	NY	501(c)(3)	Line 9	Seton Health System Inc	Yes	
Seton Health at Schuyler Ridge Residential Healthcare 1 Abele Blvd Clifton Park, NY 12065 14-1756230	Skilled Nursing	NY	501(c)(3)	Line 9	Seton Health System Inc	Yes	
Seton Health Foundation 1300 Massachusetts Avenue Troy, NY 12180 22-2345416	Supporting Organization	NY	501(c)(3)	Line 11a, I	Seton Health System Inc	Yes	
Seton Licensed Home Care Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1809134	Licensed Home Health Agency	NY	501(c)(3)	Line 3	Seton Health System Inc	Yes	
Vincentian Health Services 1300 Massachusetts Avenue Troy, NY 12180 14-1685163	Discontinued Operations	NY	501(c)(3)	Line 11a, I	Seton Health System Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
St Mary's Woodland Village Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1675183	Discontinued Operations	NY	501(c)(3)	Line 9	Seton Health System Inc	Yes	
Brightside Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2182395	Behavioral Care	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc	Yes	
Farren Care Center Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2501711	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3398280	Acute Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street No 108 Holyoke, MA 01040 26-4033168	Neurosurgery Medical Services	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 22-2541103	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3398374	Management & Support Services	MA	501(c)(3)	Line 11a, I	Catholic Health East	Yes	
McAuley Center Inc 275 Steele Road West Hartford, CT 06117 06-1058086	Independent Living	CT	501(c)(3)	Line 9	Mercy Community Health Inc	Yes	
Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT 06117 06-1492707	Management & Support Services	CT	501(c)(3)	Line 11a, I	Catholic Health East	Yes	
Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT 06117 06-1488137	In Home Health Care	CT	501(c)(3)	Line 9	Mercy Community Health Inc	Yes	
Mercy Services 2021 Albany Avenue West Hartford, CT 06117 06-1453323	Support Services	CT	501(c)(3)	Line 1	Mercy Community Health Inc	Yes	
Mercyknoll Inc 2021 Albany Avenue West Hartford, CT 06117 06-0757380	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc	Yes	
Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT 06117 06-1164104	Elderly Care	CT	501(c)(3)	Line 3	Mercy Community Health Inc	Yes	
St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT 06117 06-0646843	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc	Yes	
Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY 12986 15-0532211	Hospital	NY	501(c)(3)	Line 3	Catholic Health East	Yes	
Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY 12946 16-1535133	Hospital	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center	Yes	
Uihlein Mercy Center 185 Old Military Road Lake Placid, NY 12946 15-0532190	Hospital	NY	501(c)(3)	Line 3	Mercy Healthcare Center	Yes	
St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY 14843 16-1486437	Foundation	NY	501(c)(3)	Line 7	St James Mercy Health System Inc	Yes	
St James Mercy Health System Inc 411 Canisteo Street Hornell, NY 14843 22-3127184	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St James Mercy Hospital 411 Canisteo Street Hornell, NY 14843 16-0743310	Hospital	NY	501(c)(3)	Line 3	St James Mercy Health System Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Marian Community Hospital 100 Lincoln Avenue Carbondale, PA 18407 24-0711230	Hospital	PA	501(c)(3)	Line 3	Maxis Health System	Yes	
Marian Community Hospital Auxiliary 100 Lincoln Avenue Carbondale, PA 18407 25-1874733	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System	Yes	
Maxis Foundation 100 Lincoln Avenue Carbondale, PA 18407 23-2330090	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System	Yes	
Maxis Health System 100 Lincoln Avenue Carbondale, PA 18407 91-1940902	Health Care System	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Maxis Medical Services 100 Lincoln Avenue Carbondale, PA 18407 23-2577185	Physician Practices	PA	501(c)(3)	Line 3	Maxis Health System	Yes	
Tri-County Human Services Center Inc PO Box 517 Carbondale, PA 18407 23-1938528	Behavioral Health Organization	PA	501(c)(3)	Line 7	Maxis Health System	Yes	
Columbus Acquisition Corp 1160 Raymond Boulevard Newark, NJ 07102 26-2616342	Inactive Entity	NJ	501(c)(3)	Line 9	Saint Michaels Medical Center	Yes	
Saint Michaels Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East	Yes	
St James Care Inc 1160 Raymond Boulevard Newark, NJ 07102 26-2616230	Inactive Entity	NJ	501(c)(3)	Line 9	Saint Michaels Medical Center	Yes	
St Michaels Medical Center Foundation 1160 Raymond Boulevard Newark, NJ 07102 22-3311976	Foundation	NJ	501(c)(3)	Line 11a, I	Saint Michaels Medical Center	Yes	
University Heights Property Company Inc 1160 Raymond Boulevard Newark, NJ 07102 22-3100162	Medical Property Holding Company	NJ	501(c)(2)	N/A	Saint Michaels Medical Center	Yes	
Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ 08629 22-2797282	Health Services	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ	Yes	
St Francis Medical Center Foundation NJ 601 Hamilton Avenue Trenton, NJ 08629 52-1025476	Foundation	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ	Yes	
St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ 08629 22-3431049	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East	Yes	
Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529	Inactive Entity	PA	501(c)(3)	Line 9	St Mary Medical Center	Yes	
Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699	Physician Services	PA	501(c)(3)	Line 9	St Mary Medical Center	Yes	
LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184	Elderly Care	PA	501(c)(3)	Line 9	St Mary Medical Center	Yes	
St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910	Hospital	PA	501(c)(3)	Line 3	Catholic Health East	Yes	
St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468	Foundation	PA	501(c)(3)	Line 7	St Mary Medical Center	Yes	
East Norriton Physician Services c/o One West Elm Street Conshohocken, PA 19428 23-2515999	Physician Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Mercy Catholic Medical Center of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-1352191	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Family Support 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325059	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Health Foundation of Southeastern Pennsylvania c/o MHS One West Elm Street Conshohocken, PA 19428 23-2829864	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Health Plan c/o One West Elm Street Conshohocken, PA 19428 22-2483605	Health Plans	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Health System of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2212638	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Mercy Home Health 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-1352099	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Home Health Services 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325058	Home Health	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Management of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2627944	Physician Practices	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Suburban Hospital One West Elm Street Conshohocken, PA 19428 23-1396763	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA 19152 23-2300951	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152 23-2794121	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
Nazareth Physician Services Inc 2601 Holme Avenue Philadelphia, PA 19152 20-3261266	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
NE Physician Services 2601 Holme Avenue Philadelphia, PA 19152 23-2497355	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
St Agnes Continuing Care Center 1900 S Broad Street Philadelphia, PA 19145 23-2840137	Continuing Care Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
St Agnes Continuing Care Center Foundation 1900 S Broad Street Philadelphia, PA 19145 23-2415137	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Life at Lourdes Inc 1600 Haddon Avenue Camden, NJ 08108 26-1854750	Elderly Care	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525	Supporting Organization	NJ	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services	Yes	
Lourdes Dialysis at Innova Inc 1600 Haddon Avenue Camden, NJ 08108 26-3237625	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Lourdes Medical Center Burlington County 218 Sunset Road Willingboro, NJ 08046 22-3612265	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528	Management & Support Services	NJ	501(c)(3)	Line 11b, II	Catholic Health East	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ 08103 22-2351960	Foundation	NJ	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services	Yes	
Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103 21-0635001	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE 19805 22-3008680	Eldercare	DE	501(c)(3)	Line 9	St Francis Hospital	Yes	
St Francis Foundation PO Box 2500 Wilmington, DE 19805 51-0374158	Foundation	DE	501(c)(3)	Line 11b, II	St Francis Hospital	Yes	
St Francis Hospital PO Box 2500 Wilmington, DE 19805 51-0064326	Hospital	DE	501(c)(3)	Line 3	Catholic Health East	Yes	
LIFE at St Francis Healthcare Inc 7th Clayton Streets Wilmington, DE 19805 45-2569214	Elderly Care	DE	501(c)(3)	Line 3	St Francis Hospital	Yes	
McAuley Ministries McAuley Hall 3333 Fifth Avenue Pittsburgh, PA 15213 94-3436142	Management & Support Services	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA 19073 25-1310602	Inactive Entity	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1604115	Community Treatment	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA 15213 25-1464211	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St Joseph's of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 56-0694200	Hospital	NC	501(c)(3)	Line 3	Catholic Health East	Yes	
Life St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 27-2159847	Healthcare Services	NC	501(c)(3)	Line 3	St Joseph's of the Pines Inc	Yes	
Mercy Senior Care Inc 212 West Third Street PO Box 866 Rome, GA 30162 58-1366508	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
Good Samaritan HospitalInc 1201 Siloam Road Greensboro, GA 30462 26-1720984	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc	Yes	
Saint Joseph's Health System Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1744848	Management & Support Services	GA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Saint Joseph's Mercy Care Services Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1752700	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
Saint Joseph's Mercy Foundation Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1448522	Fundraising	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc	Yes	
Mercy Services Downtown Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 27-2046353	Real Estate Holding Company	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc	Yes	
St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(c)(3)	Line 3	Catholic Health East	Yes	
St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(c)(3)	Line 11b, II	St Mary's Health Care System Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc	Yes	
St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc	Yes	
Mercy Medical Corporation PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(c)(3)	Line 3	Catholic Health East	Yes	
Mercy LIFE of Alabama PO Box 1090 101 Villa Drive Daphne, AL 36526 27-3163002	Hospital	AL	501(c)(3)	Line 3	Mercy Medical Corporation	Yes	
Allegany Franciscan Ministries Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325	Management & Support Services	FL	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St Francis Hospital Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442	Hospital	FL	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries Inc	Yes	
Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	Hospital	FL	501(c)(3)	Line 3	Catholic Health East	Yes	
Holy Cross Long-Term Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320	Medical Services	FL	501(c)(3)	Line 3	Holy Cross Hospital Inc	Yes	
Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	Medical Building Real Estate Management	FL	501(c)(2)	N/A	Holy Cross Hospital Inc	Yes	
Mercy Hospital Foundation Inc 3663 South Miami Avenue Miami, FL 33133 59-1709438	Fundraising	FL	501(c)(3)	Line 7	Mercy Hospital Inc	Yes	
Mercy Hospital Inc 3663 South Miami Avenue Miami, FL 33133 59-0791034	Hospital	FL	501(c)(3)	Line 3	Catholic Health East	Yes	
Mercy Medical Development Inc 3663 South Miami Avenue Miami, FL 33133 59-2789194	Outpatient Services	FL	501(c)(3)	Line 9	Mercy Hospital Inc	Yes	
Mercy Mission Services Inc 3663 South Miami Avenue Miami, FL 33133 65-0435764	Health Care	FL	501(c)(3)	Line 11a, I	Mercy Hospital Inc	Yes	
Mercy Outpatient Services Inc DBA Sister Emmanuel Hospital 3663 South Miami Avenue Miami, FL 33133 51-0461511	Hospital	FL	501(c)(3)	Line 3	Mercy Hospital Inc	Yes	
Global Health Ministry 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656	Health Care	PA	501(c)(3)	Line 7	Catholic Health East	Yes	
VNA Home Health & Hospice 50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(c)(3)	Line 11a, I	Mercy Health System of Maine	Yes	
Providence Place Inc 5 Gamelin Street Holyoke, MA 01040 04-3404084	Retirement Community	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc	Yes	
Intercoastal Health Systems 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East	Yes	
Sunnyview Hospital & Rehabilitation Center Foundation 1270 Belmont Ave Schenectady, NY 12308 22-2505127	Supporting foundation	NY	501(c)(3)	Line 11a, I	Sunnyview Hospital & Rehabilitation Ctr	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
St Peter's Ambulatory Surgery Center LLC 1375 Washington Avenue Ste 201 Albany, NY 12206 46-0463892	Surgery	NY	N/A									
Catherine Horan Building Limited Partnership 1221 Main Street Room 108 Holyoke, MA 010400000 04-2723429	Property Management	MA	N/A									
Western Massachusetts PETCT Imaging Center LLC 100 Bayview Circle Ste 400 Newport Beach, CA 92660 20-4744663	Outpatient Medical Services	DE	N/A									
Central New Jersey Heart Services LLC 10720 Sikes Places Ste 300 Charlotte, NC 28277 20-8525458	Cardiac Program	NJ	N/A									
Langhorne MOB Partners LP 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2622772	Investment and operation of a medical building	PA	N/A									
SMMC MOB II LP 1201 Langhorne-Newtown Road Langhorne, PA 19047 36-4559869	Investment and operation of a medical building	PA	N/A									
The Ambulatory Surgery Center at St Mary LLC 1203 Langhorne-Newton Road Langhorne, PA 19047 23-2871206	Outpatient Surgery	PA	N/A									
AmeriHealth Mercy Health Plan 200 Stevens Drive Suite 350 Philadelphia, PA 19113 23-2859523	Medicaid Managed Care Organization	PA	N/A									
Amerihealth Mercy of Indiana LLC 200 STEVENS DRIVE Suite 350 Philadelphia, PA 19113 20-4948091	PREPAID HEALTH CARE SERVICES	IN	N/A									
East Norriton Medical Associates One West Elm Street Conshohocken, PA 19428 23-2319531	Medical Office Building	PA	N/A									
East Norriton Medical Associates One West Elm Street Conshohocken, PA 19428 23-2319531	Medical Office Building	PA	N/A									
Gateway Health Plan 300 Grant Street Pittsburgh, PA 15219 25-1691945	Medicaid & Medicare/Special Needs Managed Care Organization	PA	N/A									
Keystone Mercy Health Plan 100 Stevens Drive Philadelphia, PA 19113 23-2842344	Medicaid Managed Care Organization	PA	N/A									
MercyManor Partnership PO Box 10086 Toledo, OH 436990086 52-1931012	Nursing Home	PA	N/A									
St Agnes Long Term Intensive Care LLP 1900 S Broad Street Philadelphia, PA 19145 20-0984882	Long Term Intensive Care	PA	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Nazareth Medical Office Building Associates LP c/o Nazareth Hospital 2601 Holme Av Philadelphia, PA 19152 23-2388040	Medical Office Building	PA	N/A									
Nazareth Medical Office Building Associates LP c/o Nazareth Hospital 2601 Holme Av Philadelphia, PA 19152 23-2388040	Medical Office Building	PA	N/A									
St Agnes Long Term Intensive Care LLP 1900 S Broad Street Philadelphia, PA 19145 20-0984882	Long Term Intensive Care	PA	N/A									
SJV Management LLC 200 Century Pkwy Ste 200E Mount Laurel, NJ 08054 20-2273476	Radiology	NJ	N/A									
Physicians Outpatient Surgery Center LLC 1000 NE 56th Oakland Park, FL 33334 35-2325646	Ambulatory Surgery Center	FL	N/A									
Center for Surgery & Digestive Orders 3641 South Miami Avenue Miami, FL 33133 51-0438152	Outpatient Medical Services	FL	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Samaritan Medical Office Building Inc 2212 Burdett Avenue Troy, NY 12180 14-1607244	Real Estate	NY	N/A	C			
Affiliated Management Services Corporation Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1668024	Real Estate	NY	N/A	C			
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-2938180	Building Management	MA	N/A	C			
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-3128890	Medical Services	MA	N/A	C			
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-3029829	Medical Services	MA	N/A	C			
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-3317426	Health Care Services	MA	N/A	C			
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-2938181	Lab Services	MA	N/A	C			
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA 010400000 04-6608649	Property Management	MA	N/A	C			
SJM Properties Inc 411 Canisteo Street Hornell, NY 148482104 16-1294991	Property Holdings	NY	N/A	C			
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA 18407 23-2801677	Medical Insurance Contracting	PA	N/A	C			
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA 18407 23-2801676	Inactive	PA	N/A	C			
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA 18407 23-2365077	Pharmacy	PA	N/A	C			
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD	Insurance	BD	N/A	C			
LifeCare Physicians PC 601 Hamilton Avenue trenton, NJ 086291986 26-1649038	Health Care Services	NJ	N/A	C			
Multicare Plus Inc 601 Hamilton Avenue Trenton, NJ 086291986 22-3435844	Inactive	NJ	N/A	C			
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA 190470000 25-3795549	General Partner of LMOB Partners, II	PA	N/A	C			
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 190470000 23-2625981	General Partner of LMOB Partners	PA	N/A	C			
AMHP Holdings Corp 200 Stevens Drive Philadelphia, PA 19113 26-1144363	Behavorial Health	PA	N/A	C			
Select Health of South Carolina Inc 4390 Belle Oaks Drive Suite 400 Charleston, SC 29405 57-1032456	Health Maintenance Organization	SC	N/A	C			
Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA 15219 25-1505506	Health Care	PA	N/A	C			

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA 15219 30-0282076	Health Care	PA	N/A	C			
MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA 19428 23-2184261	Medical Office Buildings	PA	N/A	C			
Community Behavorial Healthcare Network of PA Inc 8040 Carlson Road Harrisburg, PA 17112 25-1765391	Behavorial Health	PA	N/A	C			
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ 08035 22-3366580	Health Care Billing	NJ	N/A	C			
Jeannette Medical Providers 3805 West Chester Pike Newtown Square, PA 19073 25-1787334	Holding Company	PA	N/A	C			
Jeannette OBGYN Group 1 Inc 3805 West Chester Pike Newtown Square, PA 19073 23-2890748	Holding Company	PA	N/A	C			
Jeannette Primary Care Group 1 Inc 3805 West Chester Pike Newtown Square, PA 19073 23-2890743	Holding Company	PA	N/A	C			
Georgia Health Enterprises LLC 11440 Commerce Park Drive Reston, VA 20191 54-1806329	Healthcare	VA	N/A	C			
St Mary's Highland Hills Village Inc 1660 Jennings Mill Pkly Bogart, GA 30622 58-2276801	Assisted Living	GA	N/A	C			
GHE Physicians PC 3500 Piedmont Road Atlanta, GA 30305 58-2277939	Practice Management	GA	N/A	C			
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale Highwa, FL 333080000 59-1145192	Medical Services	FL	N/A	C			
Mercy Physician Group Inc 3663 South Miami Avenue Miami, FL 33133 20-2970015	Health Care	FL	N/A	C			
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0078266	Insurance	CJ	N/A	C			
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 37-1572595	Senior Services	PA	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Northeast Health Inc	L	3,306,247	FMV
(2)	Northeast Health Inc	Q	894,000	FMV
(3)	Albany Memorial Hospital	N	5,446,165	FMV
(4)	The Northeast Health Foundation Inc	C	731,173	FMV
(5)	The Community Hospice Inc	K	327,916	FMV
(6)	James A Eddy Memorial Geriatric Center Inc	N	58,728	FMV
(7)	Heritage House Nursing Center Inc	N	88,690	FMV
(8)	Capital Region Geriatric Center Inc	N	115,127	FMV
(9)	Samaritan Child Care Center	N	950,336	FMV
(10)	Sunnyview Hospital and Rehabilitation Center	N	363,875	FMV

Northeast Health, Inc. and Affiliates

Combined Financial Statements and Supplementary Information
December 31, 2011

Northeast Health, Inc. and Affiliates
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December 31, 2011

Report of Independent Auditors

To the Board of Trustees of
Northeast Health, Inc

In our opinion, the accompanying combined balance sheet and the related combined statement of operations and changes in net assets, and cash flows present fairly, in all material respects, the financial position of Northeast Health, Inc and Affiliates ("Northeast Health") at December 31, 2011, and the results of their operations and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of Northeast Health's management Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audit provides a reasonable basis for our opinion

Our audit was conducted for the purpose of forming an opinion on the combined financial statements taken as a whole The combining information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the combined financial statements The combining information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America In our opinion, the combining information is fairly stated, in all material respects, in relation to the combined financial statements taken as a whole The combining information is presented for purposes of additional analysis of the combining financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the combined financial statements Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual companies

PricewaterhouseCoopers LLP

May 4, 2012

Northeast Health, Inc. and Affiliates
Combined Balance Sheet
December 31, 2011

(in thousands of dollars)

Assets	
Current assets	
Cash and cash equivalents	$ 58,899
Investments	33,783
Accounts receivable, less estimated uncollectible amounts of $22,818 in 2011	37,279
Prepaid expenses and other current assets	18,525
Total current assets	148,486
Assets whose use is limited	67,050
Interest in Sunnyview Foundation	4,451
James A Eddy Memorial Foundation	34,374
Property and equipment, less accumulated depreciation	188,944
Other assets	
Deferred compensation agreements	2,082
Deferred financing costs, net	2,129
Intangible assets	250
Investment in partnerships and other assets	7,649
	12,110
Total assets	$ 455,415
Liabilities and Net Assets	
Current liabilities	
Accounts payable and accrued expenses	$ 13,149
Accrued salaries, wages, and related items	15,318
Other current liabilities	8,940
Estimated third-party settlements	10,416
Current portion of long-term debt	4,147
Total current liabilities	51,970
Other liabilities	18,342
Accrued pension obligations	33,627
Asset retirement obligations	2,784
Resident entrance fees	
Refundable entrance fees, net of current portion	45,267
Unearned entrance fees	3,855
	49,122
Long-term debt	
Capital lease obligations	716
Mortgage notes payable	10,680
Bonds payable	54,185
	65,581
Less Portion classified as current	4,147
	61,434
Net assets	
Unrestricted	189,225
Temporarily restricted	
James A Eddy Foundation	23,218
Other	7,525
	30,743
Permanently restricted	
James A Eddy Foundation	11,156
Other	7,012
	18,168
Total net assets	238,136
Total liabilities and net assets	$ 455,415

The accompanying notes are an integral part of these combined financial statements

Northeast Health, Inc. and Affiliates
Combined Statement of Operations and Changes in Net Assets
Year Ended December 31, 2011

(in thousands of dollars)

Unrestricted revenue, gains, and other support	
Net patient service revenue	$ 345,270
Other operating revenue	40,283
Unrestricted contributions	1,575
Net assets released from restrictions used for operations	917
Total operating revenue	388,045
Expenses	
Salaries, wages and benefits	220,368
Medical supplies	39,337
Purchased services, professional fees and other expenses	66,104
Interest and financing fees	2,958
Depreciation and amortization	24,306
Provision for bad debt	15,165
Insurance	7,711
Total expenses	375,949
Operating margin	12,096
Non-operating revenue (expenses)	
Investment returns	(406)
Change in fair value of interest rate swaps	(2,834)
Other expenses	(1,293)
Gain on disposal of property and equipment	393
Total non-operating expense, net	(4,140)
Excess of revenue over expenses	7,956
Unrestricted net assets	
Excess of revenue over expenses	7,956
Net assets released and contributions for capital acquisitions	7,033
Donated capital	(5,000)
Change in funded status of pension plan	(17,604)
Other	(96)
Decrease in unrestricted net assets	(7,711)
Temporarily restricted net assets	
Restricted gifts and investment returns	698
Net assets released for capital acquisitions	(1,936)
Net assets released for operations	(917)
Other	(641)
Decrease in temporarily restricted net assets	(2,796)
Permanently restricted net assets	
Restricted gifts	315
Other	605
Increase in permanently restricted net assets	920
Decrease in net assets	(9,587)
Net assets	
Beginning of year	247,723
End of year	$ 238,136

The accompanying notes are an integral part of these combined financial statements

Northeast Health, Inc. and Affiliates
Combined Statement of Cash Flows
Year Ended December 31, 2011

(in thousands of dollars)

Operating activities		
Change in net assets	$	(9,587)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization		24,306
Provision for bad debt		15,165
Amortization of resident entrance fees		(1,503)
Realized gains on investments		(2,136)
Changes in unrealized (gains) losses on investments		6,879
Interest income earned on restricted investments		(543)
Donated capital		5,000
Change in interest in Sunnyview Foundation		(324)
Change in fair value of interest rate swaps		2,834
Gain on disposal of property and equipment		(393)
Change in funded status of pension plan		17,604
Restricted gifts and contributions for capital acquisitions		(3,057)
Decrease (increase) in operating assets		
Accounts receivable		(20,987)
Prepaid expenses and other assets		(5,088)
(Decrease) increase in operating liabilities		
Accounts payable and accrued expenses		836
Accrued salaries, wages, and related items		(1,227)
Other current liabilities		6,561
Estimated third-party settlements		(4,708)
Other liabilities		578
Net cash provided by operating activities		30,210
Investing activities		
Cash paid for property and equipment		(25,020)
Proceeds from sale of equipment		1,220
Cash paid for intangible asset		(250)
Net decrease in investments and assets whose use is limited		1,955
Net cash used in investing activities		(22,095)
Financing activities		
Net cash refunded for entrance fees		(220)
Restricted gifts and contributions for capital acquisitions		3,057
Principal payments on long-term debt		(4,172)
Donated capital		(5,000)
Net cash used in financing activities		(6,335)
Net increase in cash and cash equivalents		1,780
Cash and cash equivalents		
Beginning of year		57,119
End of year	$	58,899
Supplemental disclosure of cash flow information		
Interest paid	$	2,072
Property transferred to Burdett Care Center in exchange for note receivable		4,745

The accompanying notes are an integral part of these combined financial statements

1. Organization and Affiliates

Organization

Northeast Health is a Section 501(c) (3) not-for-profit corporation and as such is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. The purpose of Northeast Health is to enhance the delivery of health care services rendered by its members

Northeast Health has presented its Combined Balance Sheet and Combined Statements of Operations and Changes in Net Assets as of December 31, 2011 and for the year ended December 31, 2011 as the Transaction did not impact its stand alone legacy combined financial statements

Affiliates

The combined financial statements include the accounts of Northeast Health and the following Affiliates:

Samaritan Hospital (Samaritan)

Samaritan is a Section 501(c) (3) voluntary not-for-profit charitable corporation, incorporated in the State of New York and as such is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. Samaritan provides acute health care services

Memorial Hospital, Albany. N.Y. (Memorial)

Memorial is a Section 501(c) (3) voluntary not-for-profit charitable corporation, incorporated in the State of New York and as such is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code Memorial provides acute health care services

LTC (Eddy) Inc. (The Eddy)

The Eddy is a Section 501(c) (3) not-for-profit corporation and as such is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code The mission of The Eddy is to carry out and perpetuate the purposes and objectives established by E H S and R H Eddy in the creation of the James A. Eddy Memorial Foundation (Note 7)

The Eddy provides various services to the elderly through its affiliations with the following corporations, which are combined and presented as The Eddy Affiliates

- James A Eddy Memorial Geriatric Center, Inc (EMGC)
- Heritage House Nursing Center, Inc (Heritage)
- Beechwood, Inc (Eddy Property Services)
- Home Aide Service of Eastern New York, Inc and Affiliates (HASENY)
- The Capital Region Geriatric Center, Inc d/b/a Eddy Village Green (EVG) (formerly Eddy Cohoes Rehabilitation Center)
- Sunnyview Hospital and Rehabilitation Center (Sunnyview)
- The Marjorie Doyle Rockwell Center, Inc (MDRC)

- Senior Care Connection, Inc. (d/b/a Eddy SeniorCare)
- Beverwyck, Inc (Beverwyck)
- Glen Eddy, Inc (Glen Eddy)
- Hawthorne Ridge, Inc (Hawthorne Ridge)
- Eddy Licensed Home care Agency (ELHCA)

The Eddy affiliates are not-for-profit corporations established in New York State, of which The Eddy is the sole member

Northeast Health Foundation Inc. (NEH Foundation)
NEH Foundation is a not-for-profit organization incorporated in the State of New York to raise funds for the acute care hospitals, The Eddy, and other affiliates NEH Foundation is exempt from federal taxes pursuant to Section 501(a) of the Internal Revenue Code

Samaritan Medical Office Building Inc. (SMOB)
SMOB was incorporated in 1978 to own and operate a physicians' office building on the campus of Samaritan SMOB is a for-profit corporation subject to federal and state income taxes

Samaritan Child Care Center Inc. (Center)
The Center is a Section 501(c) (3) not-for-profit corporation incorporated in the State of New York and as such is exempt from federal taxation on related income under Section 501(a) of the Code The Center is organized to establish and operate a day care center for children in Troy, New York

Shaker Properties Inc. (Shaker)
Shaker, a not-for-profit corporation, was formed to benefit and assist Memorial by managing and operating facilities providing services which are substantially related to the charitable purposes of Memorial, but do not involve the providing of health care services by Shaker Shaker is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code.

All significant accounts and transactions between affiliates have been eliminated in the combined financial statements

Northeast Health affiliates also provide services to other related organizations as follows

Beechwood - An Eddy Retirement Community, Inc. (Beechwood Co-op)
Beechwood Co-op is a business corporation formed under Section 402 of the New York State Business Corporation Law The purpose of Beechwood Co-op is to operate a 59 unit apartment building on real property leased for a term of 99 years from its sponsor, Eddy Property Services.

The Glen at Hiland Meadows
The Glen at Hiland Meadows was formed as a joint venture of The Eddy and The Glens Falls Home, Inc to develop and operate a retirement community The Glen at Hiland Meadows and The Terrace at The Glen at Hiland Meadows represent 74 independent living units, 18 cottages, and 43 enriched housing units

The financial statements of Beechwood Co-op, and The Glen at Hiland Meadows are not included in the combined financial statements (Note 9).

October Transaction
On October 1, 2011 St. Peter's Health Partners was created through the merger of St Peter's Health Care Services (SPHCS), Northeast Health, and Seton Health System, Inc (Seton) Catholic Health East (CHE) is the sole member of St Peter's Health Partners

St Peter's Health Partners (the Company) is a not-for-profit membership corporation formed under the New York State law and exempt from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code The Company exists for the primary purpose of supporting the health care needs of the community and by supporting charitable purposes, functions and missions of its affiliate organizations The mission of the Company is to provide the highest quality comprehensive continuum of integrated health care, supportive housing and community services, especially for the needy and the vulnerable.

St Peter's Health Partners is sponsored by CHE, a Catholic, multi-institutional health system sponsored by nine religious congregations and Hope Ministries CHE is a Pennsylvania non-profit corporation and is the sole member of various health care organizations known as Regional Health Corporations (RHCs) that own and operate health care facilities and provide health care or related services in eleven states CHE is the sole member of St Peter's Health Partners The combined financial statements of St. Peter's Health Partners are included in the combined financial statements of CHE

The Company is the sole member of multiple not-for-profit membership corporations formed under New York State not-for-profit law including SPHCS, Northeast Health, Seton, and such other charitable, tax-exempt organizations through a direct chain of subsidiary membership relationships (collectively, the Supported Affiliates), with CHE as the sole member of the Company and with the Company as a RHC of CHE

2. Significant Accounting Policies

Basis of Presentation
The accompanying combined financial statements, which are presented on the accrual basis of accounting, have been prepared consistent with FASB Accounting Standards Codification (ASC) 954, which addresses the accounting for healthcare entities. In accordance with the provisions of the ASC 954, net assets, revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity, while permitting the income to be utilized for general or specific purposes

Northeast Health considers events or transactions that occur after the combined balance sheet date, but before the combined financial statements are issued, to provide additional evidence relative to certain estimates or to identify matters that require additional disclosure These combined financial statements were available to be issued on May 4, 2012 and subsequent events have been evaluated through that date.

Use of Estimates
The preparation of the accompanying combined financial statements in conformity with U.S generally accepted accounting principles requires management to make estimates and assumptions about future events These estimates and the underlying assumptions affect the amounts of assets and liabilities reported, disclosures about contingencies, and reported amounts of revenues and expenses. Such estimates and assumptions include the allowance for uncollectible accounts, estimated third-party payor settlements, self-insured workers' compensation reserves, asset retirement obligations, fair values of certain investments and the defined benefit pension assumptions These estimates and assumptions are based on management's best estimates and judgment Management evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including the current economic environment, which management believes to be reasonable under the circumstances Management adjusts such estimates and assumptions when facts and circumstances dictate As future events and their effects cannot be determined with precision, actual results could differ significantly from these estimates Changes in those estimates resulting from continuing changes in the economic environment will be reflected in the combined financial statements in future periods

Net Patient Service Revenue and Related Reimbursement
Patient service revenue and accounts receivable are recorded at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered

Revenue under third-party payor agreements is subject to audit and retroactive adjustment Provisions for amounts due to or from third-party reimbursement agencies are provided in the period the related services are rendered Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement See Note 4 for information relative to third-party reimbursement agreements.

At December 31, 2011, significant concentrations of accounts receivable include 41% due from government related programs, specifically Medicare and Medicaid

Monthly Resident Service and Entrance Fees
Each potential Beverwyck, Glen Eddy and Hawthorne Ridge resident is required to sign a Residency Agreement The Residency Agreement sets forth the responsibilities of Beverwyck, Glen Eddy, Hawthorne Ridge, and the residents, including each resident's requirement to pay a monthly service fee and an entrance fee depending upon the type of unit and the percentage of the entrance fee refundable to the resident In addition, a rental option is available at a monthly service fee depending upon the unit

Upon termination of a Residency Agreement by Beverwyck, Glen Eddy, Hawthorne Ridge, or the resident, a resident may be entitled to a prorated refund of the entrance fee within a period of six months. The minimum amount of any refund varies depending upon the financing option selected by the resident The minimum refundable amounts are included in the combined balance sheet under the caption refundable entrance fees Refundable entrance fee due to former residents, included in the accompanying combined balance sheet as other current liabilities, as of December 31, 2011 is $2,110,000

The maximum nonrefundable portion of the entrance fees are recorded as unearned entrance fees in the combined balance sheet and are amortized monthly to revenue using the straight-line method, assuming a period not to exceed sixty months The maximum amount of unearned entrance fees realized per resident is ultimately dependent upon the shorter of, the term of the Residency Agreement or sixty months Included in unearned entrance fees at December 31, 2011 is deferred revenue of approximately $3,855,000.

Charity Care and Provision for Bad Debts
The charity care policy for Northeast Health defines charitable service as healthcare services provided to persons without the ability to pay or third-party payors reimbursing less than cost, nonbilled services, education, and training seminars to healthcare professionals and the community, cash and in-kind gifts and research Northeast Health and Affiliates, consistent with this policy, provided services valued at approximately $13,347,000 for 2011 Northeast Health estimated these cost by the application of the standard cost-to-charge ratio

The Affiliates grant credit without collateral to patients, most of whom are local residents and are insured under third-party agreements. Additions to the allowance for estimated uncollectible accounts are made by means of the provision for bad debts Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental health care coverage and other collection indicators. Services rendered to individuals when payment is expected and ultimately not received are written off to the allowance for estimated uncollectible accounts.

Cash and Cash Equivalents
For the purposes of presenting the combined statement of cash flows, cash and cash equivalents represent cash in demand deposit accounts and short-term highly liquid investments with original maturities of 90 days or less, exclusive of current investments and assets whose use is limited.

Investments and Investment Income
Investments in marketable equity securities, mutual funds, bonds and notes and alternative investments are reported at fair value ASC 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date See Note 6 for a discussion of fair value measurements Northeast Health and affiliates holds and manages investments locally and classifies its investments as trading securities

Northeast Health participates in a cash management and investment program, which includes a cash fund and pooled investment funds Daily, each Affiliate's net cash activity is swept to (or from) the cash fund at a local bank and invested in highly liquid debt instruments Funds in excess of each Affiliate's immediate cash needs are transferred to pooled investment funds from the cash fund Each Affiliate's share of the pooled investment funds is determined on the number of shares at the market value of the pooled investment funds at the beginning of a month

Income (interest and dividends) on the pooled investment funds are allocated monthly based on the weighted market value of investments outstanding during a month Realized gains and losses on sales of pooled investments are allocated based on the market value of investments outstanding at the beginning of the month of the sale Interest income earned on operating cash and cash equivalents, net of related expenses, is recorded as a component of operating revenue Interest and dividend income on investments and assets whose use is limited (including realized and unrealized gains and losses on all investments), net of related expenses, is included in excess of revenue over expenses as nonoperating revenue unless the income or loss is restricted by donor

Assets Whose Use is Limited
Assets whose use is limited include amounts designated by governing boards for future capital asset purchases, professional liability and workers' compensation insurance trusts, amounts required by long-term debt obligations, third-party payor agreements and donor restricted funds (Notes 5 and 6)

Property and Equipment
Property and equipment, except for capital leases recorded at the present value of minimum lease payments, are recorded at cost. Costs include interest incurred on related indebtedness during periods of construction Depreciation and amortization of property and equipment are computed using the straight-line method over the estimated useful lives of the assets or lease period, as appropriate, ranging from 2 to 40 years The carrying amount of assets and related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of and the resulting gain or loss is included in excess of revenue over expenses

Gifts of capital assets are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service

Deferred Financing Costs
Deferred financing costs represent financing fees and indirect project costs Deferred financing fees, associated with revenue bonds and mortgage notes payable, are being amortized over the aggregate life of the related debt issues Indirect project costs, related to senior housing projects, are being amortized on a straight-line basis over five years

Prepaid Expenses and Other Current Assets
Prepaid expenses and other current assets primarily include prepaid insurance, other receivables, and inventory Inventories are carried at the lower of cost or market

Investment in Partnerships
SMOB is a partner in a partnership whose functions include owning and operating a physician office building Their investment in the partnership is recorded using the equity method of accounting, and is included in investment in partnerships and other assets in the accompanying combined balance sheet

Self-Insured Workers' Compensation
Northeast Health established a self-insured workers' compensation plan (the Plan) Workers' compensation expense is based on estimates developed by the Plan's management and consulting actuary of asserted and currently identifiable unasserted claims, if any, and a provision for unknown incidents All administrative costs of the program are shared by the participants (Note 13) Effective January 1, 2011, the Plan was placed in "runoff status" which effectively freezes the Plan and all incidents occurring after December 31, 2010 are not a liability of the Plan (Note 18) As of January 1, 2011, the Workers' Compensation Board approved the Northeast Health Individual Self-insurance Plan See subsequent event footnote for additional information on post-December 31, 2011 Plan changes.

Donor-Restricted Gifts
Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statement of operations and changes in net assets as net assets released from restrictions

Excess of Revenue Over Expenses
The combined statement of operations and changes in net assets include excess of revenue over expenses Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets, releases from restrictions for capital acquisitions and changes in the funded status of defined benefit pension plans For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services, including the specific purpose distribution from the James A Eddy Memorial Foundation and unrestricted contributions, are reported as operating revenue and expenses in the determination of Northeast Health's operating margin Peripheral or incidental transactions are reported as non-operating revenue (expenses) Also included in non-operating revenue and expenses are nonrecurring expenses related to affiliation costs and the change in fair value of interest rate swaps.

Derivative Instruments and Hedging Activities
Northeast Health accounts for derivatives and hedging activities in accordance with ASC 815-10, *Accounting for Derivative Instruments and Certain Hedging Activities*, which requires that all derivative instruments be recorded on the combined balance sheet at their respective fair values. Northeast Health does not hold or issue derivative financial instruments for trading or speculative purposes

As of January 1, 2011, Northeast Health discontinued the use of hedge accounting on its derivatives related to interest rate swaps The cumulative fair value losses since inception of the derivatives at December 31, 2010 were approximately $2,278,000 and had been included in the statement of changes in net assets Such amounts will be amortized into the statement of operations over the remaining lives of the respective swaps The change in fair value of the derivatives for the year ended December 31, 2011 was approximately $2,834,000 million and has been included in nonoperating revenues in the combined statement of operations and changes in net assets

Professional Liability Insurance Coverage
Through September 30, 2011, Northeast Health's professional liability (malpractice) insurance coverage is an occurrence based insurance policy for all entities except Samaritan and Memorial which are on a claims made basis Effective October 1, 2011, Northeast Health purchased necessary tail coverage and became insured through a wholly owned captive insurance company of CHE, commercial insurances and reinsurance companies Excess insurance over self-insured amounts and coverage provided by the captives has been purchased from commercial insurance and reinsurance markets The excess professional liability coverage is provided on a claims made basis In the normal course of operations, certain Northeast Health affiliates (the Affiliates) have been named as defendants in several legal actions. The ultimate outcome of these actions cannot be determined at this time However, the Affiliates intend to vigorously defend the legal actions In the opinion of management, the ultimate amounts, if any, required to settle such litigation, including legal costs, are not expected to exceed the limits of the insurance coverage in place

Functional Expenses
Northeast Health and its affiliates provide general health care support and services to residents within its geographic region Expenses related to providing health care support and services for 2011 are approximately $297,900,000

Fair Value of Financial Instruments
The carrying values of cash and cash equivalents, accounts receivable, and accounts payable and accrued expenses are reasonable estimates of their fair value due to the short-term nature of these financial instruments Northeast Health's long-term debt instruments (excluding capital lease obligations), are carried at cost of $64,865,000 for the year ended December 31, 2011 Management has estimated that the fair value of Northeast Health's long-term debt at December 31, 2011 was approximately $65,262,000 The fair value of debt is estimated using current borrowing rates for similar types of arrangements. Judgment is required in certain circumstances to develop the estimates of fair value, and the estimates may not be indicative of the amounts that could be realized in a current market exchange. See Note 6 for additional information regarding fair values related to investments and derivatives

Pledges Receivable
Pledges receivable represent gifts expected to be collected at various times through 2015 The amounts are recorded at their estimated net present value at risk free discount rates at December 31, 2011 Pledges receivable of approximately $1,735,000 are included in prepaid expenses and other current assets and other noncurrent assets at December 31, 2011

Tax Status
Northeast Health is classified for tax purposes as an organization under 501(c) (3) of the Internal Revenue Code (the Code), and as such it is generally exempt from income taxes under the provisions of Section 501(a) of the Code Northeast Health has adopted the provisions of ASC 740-10, *Accounting for Uncertainty in Income Taxes*, (ASC 740-10) ASC 740-10 addresses the accounting for uncertainties in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return ASC 740-10 also provides related guidance on measurement, classification, interest and penalties, and disclosure Management has evaluated ASC 740-10 and there was no impact to Northeast Health's financial statements for the year ended December 31, 2011

Adoption of Accounting Pronouncements
Effective January 1, 2010, Northeast Health adopted new accounting guidance issued by FASB which provides guidance on the accounting for mergers and acquisitions by not-for-profit organizations, including the recognition and subsequent accounting for goodwill resulting from an acquisition There was no impact to amounts reported in the combined financial statements resulting from the adoption of the new guidance

In August 2010, the FASB issued guidance that requires health care entities to use cost as the measurement basis for charity care disclosures and defines cost as the direct and indirect costs of providing charity care The amended disclosure requirements are effective for fiscal years beginning after December 15, 2010 and must be applied retrospectively Note 2 - Charity Care and Provision for Bad Debts reflects the amended disclosure requirements Since the new guidance amends disclosure requirements only, its adoption did not impact Northeast Health's statement of financial position, statement of operations, or cash flow statement

In August 2010, the FASB amended the Accounting Standards Codification ("ASC") to extend the guidance on netting receivables and payables in ASC 210-20, "Balance Sheet Offsetting", to health care entities, prohibiting offsetting of conditional or unconditional liabilities with anticipated insurance recoveries from third parties The amended guidance is effective for fiscal years beginning after December 15, 2010 Northeast Health adopted the amended guidance on January 1, 2011 Northeast Health did not recognize a cumulative effect adjustment to beginning retained earnings as of January 1, 2011 because the increase to liabilities as a result of adopting the amended guidance was equal to the increase to insurance recoveries receivable

3. Asset Retirement Obligations

Northeast Health has asset retirement obligations (AROs) representing the obligation to remediate specific environmental matters in the event Northeast Health were to renovate or demolish certain buildings in the future The liability was initially measured at fair value and subsequently is adjusted for accretion expense and changes in the amount or timing of the estimated cash flows The corresponding asset retirement costs are capitalized as part of the carrying amount of the related long-lived asset and depreciated over the asset's remaining useful life The following table presents the activity for the AROs for the year ended December 31, 2011:

(in thousands of dollars)

Balance at beginning of year	$	2,535
Obligations settled in current period		(140)
Changes in estimates, including timing		56
Accretion expense		333
Balance at end of year	$	2,784

4. Third-Party Reimbursement Agreements

Northeast Health's affiliates have agreements with third-party payors that provide for payments at amounts different from their established rates as follows

- *Inpatient Acute Care and Rehabilitative Services* - Inpatient acute care and rehabilitative services rendered are paid at prospectively determined rates per discharge in accordance with Federal Prospective Payment Systems (PPS) for Medicare and generally at negotiated or otherwise pre determined amounts under the provisions of the New York Health Care Reform Act (HCRA) Mental health and outpatient services are paid at various rates under different arrangements with third party payors, commercial insurance carriers and health maintenance organizations. The basis for payment under these agreements includes prospectively determined per diem and per visit rates and fees, discounts from established charges, fee schedules and reasonable cost subject to limitations

  In addition, under HCRA, all non Medicare payors are required to make surcharge payments for the subsidization of indigent care and other health care initiatives. The percentage amounts of the surcharge varies by payor and applies to a broader array of health care services. Also, certain payors are required to fund a pool for graduate medical education expenses through surcharges on payments to hospitals for inpatient services or through voluntary election to pay a covered lives assessment directly to the Department of Health

- *Senior Care Services* - The Eddy and affiliates have agreements with third-party payors that provide for payments at amounts different from the established rates Reimbursement for skilled nursing services under Part A of the Medicare program is based on a prospective payment system (PPS) formula Under PPS, a single per diem rate is paid that covers all routine, ancillary and capital related costs. The per diem payment is adjusted for each Medicare beneficiary based on their care needs as measured by the Minimum Data Set (MDS) assessment form. The Medicare residents are classified into one of 66 categories in a Resource Utilization Group Classification System (RUGs) based on MDS information For all other payors, long-term rehabilitative services are paid on a per diem basis Adult daycare services are paid at various rates under different agreements with third-party payors, commercial insurance carriers and health maintenance organizations The basis for payment under these agreements includes discounts from established charges, fee schedules, reasonable cost and prospectively determined per diem rates.

Net patient revenue for skilled nursing services under the Medicaid program is based on a modified pricing system using the RUGs patient classification system Under this methodology, reimbursement is at a predetermined rate depending on the intensity of the services rendered to residents regardless of the cost of delivering those services. Medicaid's predetermined rate is computed using cost report data from the facility's designated base year and elements from annual cost report filings

New York State imposes an assessment on nursing facilities' cash receipts to provide funding for workforce recruitment and retention awards authorized pursuant to Chapter 1 and subsequently amended by Chapter 82 of the Laws of 2002 The majority of this assessment is reimbursed to the impacted affiliates

Home health care services are reimbursed under a prospective payment system (PPS) for Medicare The unit of payment for Medicare PPS is based on a 60 day episode, case mix adjusted into one of the 153 home health resource groups (HHRG) Adjustments exist for low and high utilization of services during a 60 day episode Medicare will generally make an initial payment of 60% based on the submitted HHRG with the balance of the payment due at the end of the 60 day episode or at discharge, whichever occurs sooner Revenue related to Medicare-reimbursed certified home health care services is recognized based upon the portion of the 60-day episode that has passed as of the end of the reporting period Medicaid reimburses for long-term home health care services using prospectively determined per visit rates

For services provided under their chronic care management program, payment is based on a capitated reimbursement methodology. The capitation fee is fixed and payable monthly based on a roster of patients enrolled by the first day of each billing month and a package of specific medical and health related services to program participants The primary source of revenue for this community service program is Medicare and Medicaid

Certain affiliates are required to prepare and file various reports of actual and allowable costs annually Provisions have been made in the combined financial statements for prior and current years' estimated final settlements The difference between the amount provided and the actual final settlement is recorded as an adjustment to net patient service revenue in the year the final settlement is determined Northeast Health affiliates recorded adjustments for estimated settlements with third-party payors which resulted in an increase to net patient service revenue of $2,035,000 Third-party payors retain the right to review and propose adjustments to amounts recorded by the affiliates In the opinion of management, retroactive adjustments, if any, would not be material to the financial position or results of operations of the affiliates Certain affiliates have classified a portion of the accrual for estimated third-party payor settlements as long-term liabilities because such amounts, by their nature or by virtue of regulations or legislation, will not be paid within one year

5. Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2011 follows

(in thousands of dollars)

By board and third-party agreements		
Capital purchases	$	46,019
Workers' compensation fund		6,201
Risk reserve fund		3,423
By debt agreements		
Bonds payable		3,448
By donors		7,959
	$	67,050

6. Investments

The composition of investments (including assets whose use is limited), consists of the following at December 31, 2011:

(in thousands of dollars)

Current investments		
Cash and cash equivalents	$	1,870
Marketable equity securities		7,633
Bonds and notes		15,980
Alternative investments		8,300
		33,783
Assets whose use is limited		
Cash and cash equivalents		14,198
Marketable equity securities		12,313
Bonds and notes		26,888
Alternative investments		813
Other		12,838
		67,050
James A Eddy Memorial Foundation		
Cash and equivalents		525
Marketable equity securities		17,978
Bonds and notes		5,226
Alternative investments		10,645
		34,374
Deferred compensation agreements		
Mutual funds		2,082
Total investments	$	137,289

Northeast Health estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy defined in FASB ASC 820 are described below.

Level 1 Quoted prices in active markets that are accessible at the measurement date for identical assets and liabilities

Level 2 Inputs, other than quoted prices in active markets, that are observable either directly or indirectly and fair value is determined through the use of models or other valuation methodologies.

Level 3 Unobservable inputs that are supported by little or no market activity and require significant management judgment or estimation in the determination of fair value

The following discussion describes the valuation methodologies used for financial assets and liabilities measured at fair value on a recurring basis

Cash and Equivalents and Short-Term Investments
Money market funds are valued at the net asset value (NAV) reported by the financial institution

Equity Securities and Mutual Funds
Valued at the closing price reported on an active market on which the individual securities are traded

Fixed Income
Valued based on quoted market prices or dealer quotes where available. If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments. When necessary, Northeast Health utilizes matrix pricing from a third party pricing vendor to determine fair value Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for designated security.

Alternative Investments
The estimation of fair value of investments in alternative investments for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient in accordance with ASU 2009-12 Northeast Health owns interests in these funds rather than in securities underlying each fund and, therefore, is generally required to consider such investments as Level 2 or Level 3, even though the underlying securities may not be difficult to value or may be readily marketable Also, because the use of NAV as a practical expedient to estimate fair value, the level in the fair value hierarchy in which each alternative investments fair value measurement is classified is based primarily on Northeast Health's ability to redeem its interest in the alternative investment at or near the date of the combined balance sheet Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments or a reflection on the liquidity of each alternative investments underlying assets and liabilities

Interest Rate Swaps
The fair value of interest rate swaps is determined using the present value of the fixed and floating legs of the swaps Each series of cash flows is discounted by market rates of interest and credit risk

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, although Northeast Health believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The following tables summarize Northeast Health's investments and assets held in trust by major category within ASC 820-10 fair value hierarchy as of December 31, 2011, as well as related strategy and liquidity/notice requirements

(in thousands of dollars)	Fair Value	Level 1	Level 2	Level 3	Redemption/ Liquidation	Days Notice
Cash and short term investments						
Cash and cash equivalents	$ 16,597	$ 16,597	$ -	$ -	Daily	One
Equity						
Large Cap Domestic	18,638	18,638			Daily	Three
Small/Mid Cap Domestic	3,825	3,825			Daily	Three
Emerging market equity	4,571		4,571			
International equity	11,026	11,026			Daily	One
Alternative investments						
Emerging market equity hedge	1,523		1,523		Quarterly	60 days
Emerging market currency	4,981		4,981		Monthly	60 days
Hedged equity	1,877			1,877	lock up til Jan 2013	110 days
Multi strategy hedged	22,518		22,518		Quarterly	65 days
Global natural resources	883		883		Quarterly	60 days
Mutual funds	2,082	2,082			Daily	One
Fixed income						
Total return bond fund	45,452	45,452			Daily	60 days
Domestic bonds	2,776	2,776			Daily	One
Other	540	540			N/A	N/A
	$ 137,289	$ 100,936	$ 34,476	$ 1,877		
Liabilities						
Interest rate swaps	$ 5,113	$ -	$ 5,113	$ -		

A summary of activity for all assets and liabilities with Level 3 fair value measurements for the year ended December 31, 2011 follows:

(in thousands of dollars)	Equity Hedge	Emerging Market Equity
Balance at January 1, 2011	$ -	$ 1,521
Transfer out of Level 3		(1,495)
Purchases	1,800	
Total net gains (losses) (realized and unrealized)	77	(26)
Balance at December 31, 2011	$ 1,877	$ -

Investment income and net realized gains (losses) for current investments and assets whose use is limited are comprised of the following for 2011:

(in thousands of dollars)

Nonoperating revenue	
Interest and dividend income	$ 2,059
Net realized gains on sales of securities	1,171
	$ 3,230

7. James A. Eddy Memorial Foundation

The James A Eddy Memorial Foundation (the Endowment) are restricted net assets granted by E.H S and R H Eddy The income generated by the Endowment is for development of services for the elderly in accordance with the intent of the donors James A. Eddy Memorial Geriatric Centre Inc is the custodial holder of the restricted assets under the responsibility of an Oversight Committee established by The Eddy The Oversight Committee is comprised equally of community members and Northeast Health board representatives, and is responsible for oversight of investments and distributions from the fund The Endowment made annual distributions to The Eddy of $1,000,000 in 2011

8. Property and Equipment

Property and equipment consist of the following at December 31, 2011

(in thousands of dollars)

Land	$	6,400
Land improvements		5,676
Leasehold improvements		625
Buildings and improvements		274,573
Equipment, furniture, and fixtures		195,574
Construction in progress		3,167
		486,015
Accumulated depreciation and amortization		(297,071)
	$	188,944

Depreciation expense on property and equipment amounted to $23,006,000 for 2011

At December 31, 2011, construction in progress primarily includes costs incurred to date related to a community hall project at Eddy Village Green

During 2011, Samaritan and Eddy SeniorCare received $6,687,000 in Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY) grants through the New York Department of Health to assist with financing the renovation of Samaritan's maternity unit and relocation of a primary care outpatient service, and expansion of Eddy SeniorCare's daycenter The funds available under these grant programs support hospital services that address the distinctive unmet health care needs of New York state residents, and assist to improve the financial operations and provide for the continued financial viability of hospitals adversely affected by recent changes in Medicaid reimbursement Eddy SeniorCare's grant funds were awarded under a program intended to assist communities in developing viable alternatives to nursing homes for long term care populations

9. Transactions with Related Organizations

Amounts due from related organizations are included in other assets in the accompanying combined balance sheet and consist of the following at December 31, 2011:

(in thousands of dollars)

Beechwood Co-op	$	96
The Glen at Hiland Meadows		2,065
		2,161
Less Current portion		(191)
	$	1,970

The amounts due from Beechwood Co-op represent the net unpaid portion of services provided by Northeast Health Beechwood Co-op has a management agreement with EMGC to maintain and operate the premises Services provided to affiliates are reflected in other revenue Further, under the terms of the master lease with Beechwood Co-op, rental income generated by Eddy Property Services amounted to $473,000 In addition, Eddy Property Services, as sponsor of Beechwood Co-op, has a commitment at the termination and/or expiration of the master lease in year 2082 to assume the assets, liabilities and operations of Beechwood Co-op Also, refundable lease credits are available to Beechwood Co-op during the term of the master lease, if occupancy levels fall below 90% These refundable credits can be recovered once occupancy levels move back above 90%

The amount due from The Glen at Hiland Meadows primarily relates to advances made in the development of the retirement community in the amount of $1,970,000 at December 31, 2011 and are supported by a subvention certificate The subvention certificate bears interest at an annual rate of 4 5%. Principal payments on the subvention certificate may commence at any time provided The Glen at Hiland Meadows is in compliance with all covenants, terms, conditions, and provisions of its debt agreements and has received the consent of the bank The balance of amount due relates primarily to services provided by Beverwyck as the paymaster for The Glen at Hiland Meadows payroll

Summarized financial information for The Glen at Hiland Meadows at December 31, 2011 follows.

(in thousands of dollars)

Assets		
Current assets, including cash and investments of $4,175	$	4,350
Assets whose use is limited		83
Property, equipment, and other assets, net		12,061
	$	16,494
Liabilities and net deficit		
Current liabilities	$	1,093
Long-term liabilities		14,126
Resident entrance fees		
Refundable		13,526
Unearned		771
Net deficit		(13,022)
	$	16,494

The Sunnyview Hospital and Rehabilitation Center Foundation, Inc. (Foundation) was created in January 1984 to seek Philanthropic support on behalf of Sunnyview and grant funds to Sunnyview under the direction of the Foundation's board of directors Sunnyview has recorded a receivable for its interest in the net assets of the Foundation.

10. Capital Lease Obligations

Samaritan and Memorial lease equipment under capital lease obligations payable in monthly installments over various terms through 2015

Future minimum lease payments under capital lease obligations, together with the present value of the minimum lease payments as of December 31, 2011 are as follows

(in thousands of dollars)

Year Ending December 31,		
2012	$	321
2013		267
2014		213
2015		1
		802
Less Amounts representing interest		(86)
		716
Less. Current portion		248
	$	468

11. Mortgage Notes Payable

Glen Eddy

In May 2009, Glen Eddy entered into a $5,000,000 mortgage loan with a local bank and a $3,800,000 intercompany loan with Beverwyck The mortgage loan is a 5 year loan with a lump sum payment of outstanding balance on June 1, 2014 The loan is being amortized over 10 years with a fixed interest rate of 5.375% The intercompany loan is subordinate to the mortgage loan Principal payments on the intercompany loan commence July 1, 2014. Principal will be repaid in consecutive monthly installments over a 5 year amortization period The Beverwyck loan interest rate is variable at the Northeast Health cash management rate plus 0 75%, set annually and has been eliminated in the combined financial statements The outstanding mortgage balance at December 31, 2011 was $3,992,000 The mortgage agreement contains certain restrictive covenants, including a debt service coverage requirement of 1.15 times the annual debt service

East Greenbush Imaging

In 2006, Memorial Hospital entered into a loan agreement for approximately $5,800,000 with a Bank in order to finance leasehold improvements and equipment purchases related to a new outpatient imaging center The Bank is the holder of Series 2006A taxable bonds issued by the Rensselaer County Industrial Development Agency. The Hospital is required, under the loan agreement, to pay amounts necessary for the debt service of the Bonds commencing in March 2007 The Series 2006A bonds were converted to a tax exempt status on January 30, 2007 The interest rate on the bonds was floating until February 1, 2007 at which time they converted to a fixed rate of 4 391% The loan is collateralized by a first priority interest in the leasehold improvements to the imaging center and a first lien on the equipment purchased for the imaging center In addition, the loan agreement contains certain restrictive covenants, including a debt service coverage requirement of 1 2 times the annual debt service The balance outstanding at December 31, 2011 was $1,725,000.

Emergency Department

In June 2006, Memorial Hospital entered into a loan agreement for $9,000,000 with a Bank in order to finance renovations to the Hospital The Bank is the holder of $5,000,000 of Series 2006A tax exempt bonds and $4,000,000 of Series 2006B taxable bonds issued by the Albany County Industrial Development Agency. The Hospital is required, under the loan agreement, to pay amounts necessary for the debt service of the Bonds commencing in August 2007 The Series 2006B bonds converted to a tax exempt status on January 30, 2007. The interest rate on the bonds was floating until August 1, 2007 at which time they converted to a fixed rate of 4 36%. The loan is collateralized by a second priority interest in the gross receipts and all furniture, fixtures and equipment of the Hospital as well as a second mortgage on the Hospital's real property In addition, the loan agreement contains certain restrictive covenants, including a debt service coverage requirement of 1 2 times the annual debt service The balance outstanding at December 31, 2011 was $4,963,000

Future principal payments on the mortgage notes payable at December 31, 2011 are as follows.

(in thousands of dollars)

Year Ending December 31,	
2012	$ 2,159
2013	2,366
2014	4,268
2015	1,169
2016	718
	$ 10,680

12. Bonds Payable

Beverwyck
In November 1995, the Dormitory Authority of the State of New York (Dormitory Authority) issued $22,440,000 of Beverwyck, Inc Revenue Bonds, 1995 Issue on behalf of Beverwyck. Pursuant to the terms and conditions set forth in the Revenue Bond Resolution (Bond Resolution), dated September 6, 1995 with the Dormitory Authority, the bonds bear interest at weekly rates (average interest rates for 2011 was 0 15%) and mature at various dates through July 1, 2025 The weekly rate is established by the remarketing agent at a level that causes the Bonds to have a market value equal to face value plus accrued interest on the rate adjustment date applicable to the interest period The maximum rate of interest which the bonds may bear during any interest period shall be the lesser of 12% per annum or such other maximum rate permitted under a substitute credit facility then securing the bonds The interest rate for all of the bonds may be changed on any interest payment date in accordance with the Bond Resolution Interest payments are funded monthly to a debt service fund held by a trustee and payable semi-annually to bondholders These funds are presented in the accompanying combined financial statement as assets whose use is limited Beverwyck also maintains a $1,000,000 line of credit to provide back-up liquidity for refunds of entrance fees for original residents of Beverwyck

In accordance with the Bond Resolution, Beverwyck maintains a direct pay, irrevocable letter of credit with a bank to ensure the payment of the interest and bond principal amounts The amount available under this letter of credit as of December 31, 2011 was $4,676,000 Beverwyck is charged an annual fee on the outstanding bonds for the letter of credit (1.05% at December 31, 2011) Also, during the term of the letter of credit, Beverwyck is to maintain a minimum level of $1,500,000 in operating cash except during the construction of two planned new phases. The letter of credit expires on November 17, 2015 The letter of credit also requires a minimum debt service coverage of 1 2 times the annual debt service

An Intercreditor Agreement, dated November 8, 2000, was executed by all parties to the financing (the Trustee, the Bank, and the Issuer) The intercreditor agreement provided for the sharing of collateral which is made up of real and personal property, leases, rental and resident entrance fees of Beverwyck and describes the procedures to be followed by the lenders in the event of default by Beverwyck

As of December 31, 2011, utilizing the proceeds from resident entrance fees, unused bond proceeds, and operations, principal payments amounting to $17,840,000 have been made on the bonds since November 1995 Future principal payments and sinking fund requirements on the bonds for the next five years and thereafter are as follows

(in thousands of dollars)

Year Ending December 31,	
2012	$ 400
2013	500
2014	500
2015	500
2016	500
Thereafter	2,200
	$ 4,600

Hawthorne Ridge
In October 2005, the Rensselaer County Industrial Development Agency (Issuer) issued $15,250,000 of tax-exempt Hawthorne Ridge Project Civic Facility Revenue Bonds, Series 2005 on behalf of Hawthorne Ridge to develop and construct a retirement community, fund a debt service reserve account and pay for the costs of issuance. The Series 2005 Bonds were issued pursuant to the terms of a Trust Indenture by and between the Issuer and The Bank of New York, as trustee (Trustee), dated as of October 2005 (the Indenture) The Series 2005 Bonds are special obligations of the Issuer payable solely from and secured by a pledge of payments to be made under an Installment Sale Agreement, dated October 2005, between Hawthorne Ridge and the Issuer Hawthorne Ridge issued a note to the Trustee pursuant to the Trust Indenture The note is secured by a pledge of and lien on the gross receipts of Hawthorne Ridge and a security interest in Hawthorne Ridge's real and personal property

In accordance with the terms and conditions set forth in the Indenture, the Bonds bear interest at weekly rates (average interest rates for 2011 was 0 25%) The weekly rate is established by the remarketing agent at a level that causes the Bonds to have a market value equal to face value plus accrued interest on the rate adjustment date applicable to the interest period The maximum rate of interest which the Bonds may bear during any interest period shall be the lesser of 10% per annum or such other maximum rate permitted by law The interest rate for all of the Bonds may be converted to a fixed rate at the option of Hawthorne Ridge on any interest payment date in accordance with the Indenture. Interest payments are funded monthly to a debt service fund held by a trustee and payable semi-annually to bondholders The Bonds require annual sinking fund payments through October 2035 Bonds may be redeemed at face value at intervals outlined in the Indenture, starting in 2010 and continuing so long as the variable interest rate option is maintained, or, at face value plus redemption premiums should the interest rate be converted to a fixed rate To date, Hawthorne Ridge has not elected to convert to a fixed interest rate

In accordance with the Indenture and related Reimbursement Agreement, Hawthorne Ridge maintains a direct pay, irrevocable letter of credit with a bank to ensure the payment of the interest and bond principal amounts The amount available under this letter of credit as of December 31, 2011 is $8,958,000. The letter of credit fee (0 60% at December 31, 2011) varies based on compliance with certain financial covenants The letter of credit expires in October 2015 The covenants include a debt service coverage of 1 15 times the annual debt service

An Intercreditor agreement, dated October 2005, was executed by all parties to the financing (the Trustee, the Bank, and the Issuer) The intercreditor agreement provided for the sharing of collateral which is made up of real and personal property, leases, rental, and resident entrance fees of Hawthorne Ridge and describes the procedures to be followed by the lenders in the event of default by Hawthorne Ridge

As of December 31, 2011, utilizing the proceeds from resident entrance fees, unused bonds proceeds, and operations, principal payments amounting to $6,415,000 have been made on the bonds. Future principal payments and sinking fund requirements on the bonds for the next five years and thereafter are as follows

(in thousands of dollars)

Year Ending December 31,	
2012	$ 270
2013	280
2014	295
2015	310
2016	320
Thereafter	7,360
	$ 8,835

In December 2008, Hawthorne Ridge entered into an interest rate swap agreement with a counterparty whereby Hawthorne Ridge pays a fixed rate of 3 4% and receives a variable rate of interest based upon the Municipal Swap Index (SIFMA Index), based upon a notional amount of $8,000,000 Hawthorne Ridge entered into the swap for the purpose of hedging variability in cash flows associated with interest payments on long-term debt The interest rate swap agreement matures on November 30, 2013 At December 31, 2011, the interest rate swap had a negative fair value of approximately $436,000, and is recorded in other liabilities in the accompanying combined balance sheet

The interest rate swap was previously designated as a cash flow hedge from September 1, 2006 to December 31, 2010 As of January 1, 2011, Hawthorne Ridge discontinued the use of hedge accounting on its derivatives related to interest rate swaps The cumulative fair value losses since inception of the derivatives at December 31, 2010 were approximately $542,000 and had been included in the statement of changes in net assets Such amounts will be amortized over the remaining life of the swap The change in fair value of the derivative for the year ended December 31, 2011 was approximately $107,000 of income and has been included in nonoperating revenues in the combined statement of operations and changes in net assets.

The Capital Region Geriatric Center, Inc. (d/b/a Eddy Village Green)
In December 2008, the City of Cohoes Industrial Development Agency (Issuer) issued $30,750,000 of tax-exempt Eddy Village Green Project Variable Rate Urban Cultural Park Facility Revenue Bonds, Series 2008 on behalf of Eddy Village Green (EVG) to finance a portion of construction costs of a 192 bed skilled nursing care facility, a maintenance building, certain machinery and equipment issuance costs The Series 2008 Bonds were issued pursuant to the terms of a Trust Indenture by and between the Issuer and The Bank of New York Mellon, as trustee (Trustee), dated as of December 2008 (the Indenture) The Series 2008 Bonds are special obligations of the Issuer payable solely from and secured by a pledge of payments to be made under an Installment Sale Agreement, dated December 2008, between EVG and the Issuer EVG issued a note to the

Trustee pursuant to the Trust Indenture. The note is secured by a pledge of and lien on the gross receipts of EVG and a security interest in EVG's real and personal property The note contains certain restrictive covenants, including a days cash on hand requirement of 50 days

In accordance with the terms and conditions set forth in the Indenture, the Bonds bear interest at weekly rates (average interest rate of 0 15% for 2011) The weekly rate is established by the remarketing agent at a level that causes the Bonds to have a market value equal to face value plus accrued interest on the rate adjustment date applicable to the interest period The maximum rate of interest which the Bonds may bear during any interest period shall be the lesser of 12% per annum or such other maximum rate permitted by law The interest rate for all of the Bonds may be converted to a fixed rate at the option of EVG on any interest payment date in accordance with the Indenture Interest payments are funded monthly to a debt service fund held by a trustee and payable monthly to bondholders Bonds may be redeemed at face value at intervals outlined in the Indenture, starting in 2011 and continuing so long as the variable interest rate option is maintained, or, at face value plus redemption premiums should the interest rate be converted to a fixed rate To date, EVG has not elected to convert to a fixed interest rate

In accordance with the Indenture and related Reimbursement Agreement, EVG maintains a direct pay, irrevocable letter of credit with a bank to ensure the payment of the interest and bond principal amounts. The amount available under this letter of credit as of December 31, 2011 is $30,380,000 The letter of credit fee is 1 10% at December 31, 2011 and expires in December 2015

Future principal payments on the bonds for the next five years and thereafter are as follows·

(in thousands of dollars)

Year Ending December 31,		
2012	$	755
2013		795
2014		835
2015		880
2016		925
Thereafter		25,845
	$	30,035

An Intercreditor agreement, dated December 2008, was executed by all parties to the financing (the Trustee, the Bank, and the Issuer) The intercreditor agreement provided for the sharing of collateral which is made up of real and personal property of EVG and describes the procedures to be followed by the lenders in the event of default by EVG

In December 2008, EVG entered into an interest rate swap agreement with a counterparty whereby EVG pays a fixed rate of 2 86% and receives a variable rate of interest based upon the Municipal Swap Index (SIFMA Index), on a notional amount of $30,750,000. EVG entered into the swap for the purpose of hedging variability in cash flows associated with interest payments on long-term debt The interest rate swap agreement matures on December 1, 2018 The fair value of the interest rate swap included in other liabilities in the accompanying combined balance sheet at December 31, 2011 was $2,835,000

The interest rate swap was previously designated as a cash flow hedge from December 15, 2008 to December 31, 2010 As of January 1, 2011, EVG discontinued the use of hedge accounting on its derivatives relates to its interest rate swap. The cumulative fair value losses since inception of the derivative at December 31, 2010 were approximately $985,000 and had been included in the statement of changes in net assets. Such amount will be amortized over the remaining life of the swap The change in fair value of the derivative for the year ended December 31, 2011 was approximately $1,849,000 of expense and has been included in nonoperating revenues (expenses) in the combined statement of operations and changes in net assets

The Hawthorne Ridge and EVG indenture agreements require establishment of certain funds with the proceeds received from the Bonds. The balances in these funds as of December 31, 2011, presented in the accompanying combined financial statement as assets whose use is limited follows

(in thousands of dollars)

Hawthorne Ridge	
Project fund	$ 3
Debt service reserve fund	253
	256
EVG-Cohoes	
Project fund	1,847
Capitalized interest fund	351
	2,198
	$ 2,454

Sunnyview
During May and June 2003, the Schenectady County Industrial Development Agency (Issuer) issued Civic Facility Revenue Bonds, Series 2003A ($8,000,000) and 2003B (4,780,000) (collectively, the Bonds) for the purposes of financing Sunnyview's expansion and renovation construction project, and refinancing Sunnyview's 10 year term loan The Bonds were issued pursuant to the terms of an Indenture of Trust by and between the Issuer and Wells Fargo Bank Minnesota, NA, as trustee (Trustee), dated as of May 1, 2003 (the Indenture)

The Bonds are special obligations of the Issuer payable solely from and secured by a pledge of payments to be made under an Installment Sale Agreement, dated May 1, 2003, between Sunnyview and the Issuer As additional security for the Bonds, Sunnyview as the initial member (only member) of an Obligated Group, issued Obligated Group Notes to the Trustee pursuant to a Master Trust Indenture and Supplemental Master Indenture The Obligated Group Master Notes will be an obligation of Sunnyview secured by a pledge of and lien on the gross receipts of Sunnyview and a mortgage lien on Sunnyview's real property

The principal of the Series 2003A and Series 2003B Bonds is repayable in annual aggregate installments beginning August 1, 2003. The installment amounts range from $50,000 to $710,000, through the maturity of the issues on August 1, 2033 Interest on the Bonds is payable quarterly The Bonds bear interest at variable rates that are reset at weekly intervals (the average interest rates for 2011 was 0 23%) The weekly rate is established by the remarketing agent at a level that causes the Bonds to have a market value equal to face value plus accrued interest on the rate adjustment date applicable to the interest period. The maximum rate of interest which the Bonds

may bear during any interest period shall be the lesser of 15% per annum or the maximum rate specified in the credit facility then securing the Bonds. At the option of Sunnyview, the variable interest rate reset intervals may be converted to semi-annual, annual, or longer periods In any of these instances, interest payments on the Bonds would then be made semi-annually

In accordance with the Indenture and a related Reimbursement Agreement with the Trustee, Sunnyview is required to maintain direct pay, irrevocable letters of credit with a bank to ensure the payment of the Bond principal amounts on each series of the Bonds plus an amount equal to 35 days interest thereon at a maximum rate of 10% per annum. The variable interest rate on the Bonds was 0 17% at December 31, 2011. The letter of credit as of December 31, 2011 was approximately $10,818,000 and the annual fee is 1 95%, maturing in February 2015. Sunnyview must satisfy certain financial performance and reporting requirement covenants annually as long as the Bonds are outstanding, including a debt service coverage ratio of 1 2 times the annual adjusted debt service

Under the terms of the Indenture, Sunnyview has established certain funds with the proceeds of the Bonds These funds are classified as assets whose use is limited in the accompanying combined financial statements at December 31, 2011

Future annual principal payments on the Bonds as of December 31, 2011 are as follows.

(in thousands of dollars)

Year Ending December 31,	
2012	$ 315
2013	325
2014	340
2015	355
2016	365
Thereafter	9,015
	$ 10,715

To effectively convert the interest payments associated with the Bonds from a variable rate to a fixed rate, Sunnyview entered into an interest rate swap agreement with Morgan Stanley Capital Services, Inc (the swap counterparty) in June 2003 Sunnyview pays a fixed rate of 3 072% and receives a variable rate of interest based upon LIBOR, based upon a notional amount of $12,730,000 The variable rate is reset monthly at 67% of the one-month LIBOR rate (the one-month LIBOR rate was 0 29% at December 31, 2011) If the quarterly interest charge at the variable rate is less than the fixed rate, then Sunnyview pays the swap counterparty the difference between the variable rate calculated interest charge for the quarter and the fixed rate of 3.072% If the quarterly interest charge at the variable rate is greater than the fixed rate, the swap counterparty pays Sunnyview the difference between the fixed rate and the variable rate calculated interest charge for the quarter The maturity date of the swap agreement is August 1, 2033 The fair value of the interest rate swap included in other liabilities in the accompanying combined balance sheet at December 31, 2011 was $1,842,000

The interest rate swap was previously designated as a cash flow hedge from June 2003 to December 31, 2010 As of January 1, 2011, Sunnyview discontinued the use of hedge accounting on its derivatives relates to its interest rate swap The cumulative fair value losses since inception of the derivative at December 31, 2010 were approximately $750,000 and had been included in the statement of changes in net assets Such amount will be amortized over the remaining life of the swap. The change in fair value of the derivative for the year ended December 31, 2011 was approximately $1,092,000 of expense and has been included in non-operating revenues (expenses) in the combined statement of operations and changes in net assets

In accordance with the swap agreement, Sunnyview maintains a collateral account as security for the swap The collateral account amounting to $753,000, is included in assets whose use is limited within the accompanying combined balance sheet at December 31, 2011

13. Other Liabilities

Other liabilities consist of the following at December 31·

(in thousands of dollars)

Deferred compensation payable	$	2,082
Workers' compensation liability reserve		6,678
Estimated third-party settlements		2,443
Fair value of interest rate swaps		5,113
Insurance liability reserves		958
Other		1,068
	$	18,342

The balances identified as deferred compensation payable represent amounts earned by certain executives and physicians which are invested in trusted accounts pursuant to agreements executed on behalf of the beneficiaries

Northeast Health and affiliates established a self-insured workers' compensation program. An irrevocable trust was established for the purpose of setting aside assets based on actuarial funding recommendations Under the trust agreement, the trust assets can only be used for payment of workers' compensation liability losses, related expenses, and the cost of administering the trust Management accrues for the liability reserve and the corresponding charge to operating expenses based on estimates of asserted and currently identifiable unasserted claims, if any, and a provision for unknown incidents The claims reserve is discounted using a rate of 2 14% at December 31, 2011 A $1,337,000 letter of credit has been established with a bank in order to satisfy liquidity requirements for the program. The letter of credit expires on December 20, 2012, and is renewable annually

14. Pension Plans

Defined Benefit Plan

Northeast Health sponsors a noncontributory defined benefit pension plan covering substantially all full-time employees of Northeast Health Inc., and its affiliates The defined benefit plan includes a cash balance component and requires affiliates to contribute 2% of eligible employee salaries to the plan Employees are eligible to participate in the plan after one year of service and are fully vested in the plan after three years. The Plan's policy is to fund pension costs accrued The pension plan is a multiple-employer plan and does not separate plan assets and benefits by entity

Northeast Health follows the provisions of ASC 715-20 which requires an employer to recognize the funded status (i e difference between the fair value of plan assets and projected benefit obligations) of its defined benefit pension plan as an asset or liability in its combined balance sheet and to recognize changes in that funded status in the year in which the changes occur through changes in unrestricted net assets

Additional actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic pension cost in the same period, will be recognized as a component of unrestricted net assets These future actuarial gains and losses will be recognized as a component of net periodic pension cost on the same basis as the amounts recognized in unrestricted net assets

The following table sets forth the funded status of the plan and amounts recognized in the combined balance sheet at December 31, 2011:

(in thousands of dollars)

Change in benefit obligation		
Benefit obligation, beginning of year	$	94,998
Service cost		3,446
Interest cost		5,084
Actuarial loss		11,082
Benefits and administrative costs paid		(4,067)
Benefit obligation, end of year		110,543
Change in plan assets		
Fair value of plan assets, beginning of year		76,631
Actual return on plan assets		(2,696)
Employer contributions		7,960
Administrative costs		(391)
Benefits paid		(3,675)
Fair value of plan assets, end of year		77,829
Funded status	$	(32,714)

The funded status of the plan and amounts recognized in the combined balance sheet at December 31, 2011 was as follows

(in thousands of dollars)

Funded status, end of year		
Fair value of plan assets	$	77,829
Projected benefit obligations		110,543
	$	(32,714)
Amounts recognized in the combined balance sheet, end of year		
Pension liability	$	(32,714)
Unconsolidated organizations		380
	$	(32,334)
Unrestricted net assets		
Net actuarial loss	$	(46,456)
Prior service cost		-
	$	(46,456)

The estimated amount that will be amortized from unrestricted net assets into net periodic pension expense in 2012 for net actuarial loss and prior service credit is approximately $0.

The accumulated benefit obligation at the Plan's measurement date (December 31) for 2011 was approximately $107,485,000

Net pension expense for 2011 includes the following components.

(in thousands of dollars)

Service cost benefits earned during the period	$	3,446
Interest cost on projected benefit obligation		5,084
Expected return on plan assets		(5,941)
Amortization of unrecognized actuarial loss		2,119
Amortization of prior service credits		(184)
Administrative costs		391
Net pension expense	$	4,915

Weighted average assumptions used in accounting for the Plan at the measurement date (December 31) were as follows:

Discount rate for benefit obligations	4.60%
Discount rate for net pension expense	4 90%
Expected long-term rate of return	8.00%
Rate of increase in compensation levels	3 75%
Mortality table	Static Mortality Table

The expected long-term rate-of-return on plan assets reflects long-term earnings expectations on existing plan assets and those contributions expected to be received during the current plan year Consideration is given to historical returns earned by plan assets in the fund and the rates of return expected to be available for reinvestment Rates of return are adjusted to reflect current capital market assumptions and changes in investment allocations

Asset Allocation Investment Policy and Cash Flow Information
The pension plan assets are allocated as follows at December 31

	2012 Target	2011
Equities	42%	40%
Fixed income	36%	39%
Alternative	22%	21%
Cash and cash equivalents	0%	0%
	100%	100%

The investment strategy for the Plan is to utilize broadly diversified passive vehicles where appropriate, with an investment mix and risk profile consistent with pension liabilities. Periodic studies are undertaken to determine the asset mix that will meet pension obligations at a reasonable cost to the Plan and are consistent with the fiduciary requirements of pension regulations

The following table sets forth Northeast Health's pension related assets that were measured at fair value on a recurring basis at December 31 Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurements.

	2011					
(in thousands of dollars)	Fair Value	Level 1	Level 2	Level 3	Redemption/ Liquidation	Days Notice
Cash and short term investments						
Cash and cash equivalents	$ 6,493	$ 6,493	$ -	$ -	Daily	One
Short term treasury i-shares	389	389			Daily	One
Equity						
Large Cap Domestic	15,676	15,676			Daily	Three
Small/ Mid Cap Domestic	3,906	3,906			Daily	Three
International equity	7,870	7,870			Daily	One
Alternative investments						
Emerging market equity	2,557		2,557		Quarterly	60 Days
Emerging market currency	1,974	180	1,794		Monthly	60 Days
Multi strategy hedged	9,071		9,071		Monthly	65 Days
Equity Hedged fund of funds (FOF	2,972			2,972	lock up til 1/13	110 Days
Emerging market equity	2,758	2,758			Daily	One
Fixed income						
Total return bond fund	24,163	24,163			Daily	60 Days
	$ 77,829	$ 61,435	$ 13,422	$ 2,972		

A summary of activity for all pension related assets with Level 3 fair value measurements for the year ended December 31, 2011 follows

(in thousands of dollars)	Equity Hedge FOF	Emerging Market Equity
Balance at January 1, 2011	$ -	$ 2,813
Transfer out of Level 3	-	(2,762)
Purchase	2,850	-
Total net unrealized gains (losses) (realized and unrealized)	122	(51)
Balance at December 31, 2011	$ 2,972	$ -

Benefits expected to be paid by the plan in future years are as follows

(in thousands of dollars)	
2012	$ 5,244
2013	5,724
2014	6,153
2015	6,060
2016	6,444
2017 - 2021	37,452
	$ 67,077

Northeast Health expects to contribute $5,100,000 to the Plan in 2012

Defined Contribution Plan
Northeast Health also sponsors a 403(b) defined contribution pension and retirement savings plan (403(b) plan) whereby Northeast Health and its affiliates will match 50% of their participating employees' contributions up to a maximum of 2% of a participant's annual salary. Contributions to the 403(b) plan were approximately $1,967,000 for 2011

15. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31, 2011

(in thousands of dollars)	
James A Eddy Foundation	$ 23,218
Other	
Development of future facilities	1,401
Elder and indigent care	345
Equipment and various program services	5,779
	$ 30,743

Permanently restricted net assets consist of the following at December 31, 2011

(in thousands of dollars)

James A Eddy Memorial Foundation, income from which is available for appropriation to The Eddy for support and development of services to the elderly	$	11,156
General endowments to be held in perpetuity, income from which is available to support affiliate operating activities, residents, and free care (income recorded in nonoperating revenue)		7,012
	$	18,168

Net assets of approximately $2,853,000 were released from restrictions in accordance with donor stipulations in 2011

Northeast Health classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are spent by Northeast Health in a manner consistent with the donors intent.

In accordance with NYPMIFA, Northeast Health considers the following factors in making a determination to appropriate or accumulated donor-restricted endowment funds; the duration and preservation of the fund, the purposes of Northeast Health and the donor-restricted endowment fund; general economic conditions, the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments, other resources of Northeast Health, and, the investment policies of Northeast Health

Northeast Health has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The investment asset allocation policy is designed to attempt to achieve diversity among capital markets and within capital markets by investment discipline and management style

Northeast Health follows the provisions of ASC 958-205-45-28 which require disclosures about the changes in endowment fund net assets, both donor-restricted and board designated endowment funds Changes in endowment net assets for the year ended December 31, 2011 are as follows

	James A. Eddy Memorial Endowment	
(in thousands of dollars)	**Temp**	**Perm**
Endowment net assets, beginning of the year	$ 25,966	$ 11,156
Investment income, including realized and unrealized gains on investments	(1,748)	-
Appropriation of endowment assets for expenditures	(1,000)	-
Endowment net assets, end of year	$ 23,218	$ 11,156

Spending Policy
James A Eddy Memorial Geriatric Center, Inc. (EMGC) accounts for the James A Eddy Memorial Foundation (Foundation) as a permanently and temporarily restricted fund In 1925 Elizabeth Eddy established the Foundation to build and operate a building to provide services to elderly residents of Troy in the way of nursing home care In 1942 Mrs Eddy created a trust and the Eddy Endowment Committee The intent of the gift was that the initial funds and accumulated income derived from the funds be maintained in perpetuity, except such amounts that are approved by the Eddy Endowment Committee to be used for purposes that exclusively supported the Foundation The Eddy Endowment Committee meets at least annually for the purpose of reviewing investment performance and requests from LTC Eddy, Inc for distributions from the fund to ensure such requests meet the purpose of the Foundation. The Eddy Endowment Committee determines how much, if any, will be distributed.

Return Objectives and Risk Parameters
Investment objectives focus on long-term capital growth a combination of income and asset appreciation consistent with prudent investment practices and the preservation of capital to ensure availability of funds for future financial needs at the discretion of the Northeast Health Board of Trustees and the Eddy Trust Committee within its scope of authority The Northeast Health Board of Trustees and the Eddy Trust Committee recognizes that prudent investing includes taking reasonable risks in order to increase the probability of achieving the targeted investment returns. The portfolio of funds will be structured to maintain prudent levels of diversification In terms of relative risk, the volatility of the portfolio should be in line with general market conditions

16. Commitments and Contingencies

Lease Commitments

The Northeast Health affiliates use certain medical and nonmedical equipment, land and office space under lease arrangements accounted for as operating leases Total rental expense was approximately $3,396,000 for 2011. Future minimum lease payments under non-cancelable operating leases having initial terms in excess of one year at December 31, 2011 approximate the following

(in thousands of dollars)

Year Ending December 31,		
2012	$	2,320
2013		1,962
2014		1,099
2015		727
2016		603
Thereafter		1,380
	$	8,091

Litigation

In the normal course of operations, Northeast Health has been named as a defendant in several legal actions The ultimate outcome of these actions cannot be determined at this time However, Northeast Health intends to vigorously defend the legal actions In the opinion of management, the ultimate amounts, if any, including legal costs, required to settle such litigation are not expected to have a material adverse effect on the financial condition of Northeast Health

17. Transactions with Burdett Care Center

The Burdett Care Center, Inc (Burdett Care Center or BCC) is a newly established, not-for-profit hospital licensed to operate under NYS Public Health Law Article 28 Burdett Care Center's purpose is to provide reproductive-related inpatient and outpatient services, other than abortion, including maternity, labor, delivery and nursery services and male or female contraceptive or sterilization services Burdett Care Center has filed an application with the Internal Revenue Service to be classified for tax purposes as an organization under 501(c) (3) of the Internal Revenue Code (the Code), and as such would be generally exempt from income taxes under the provisions of Section 501(a) of the Code

As a result of the affiliation with CHE, Samaritan agreed to cease performing procedures that are prohibited by Catholic ethical and religious directives, including certain reproductive services Burdett Care Center was formed as a way to preserve the availability of certain reproductive services for women in its service area Samaritan ceased to provide maternity services at the time Burdett Care Center commenced operations on October 1, 2011 Burdett Care Center is physically located on the second floor of Samaritan

Trust and Subvention Agreements. Samaritan Hospital agreed to establish a $5,000,000 Trust for the benefit of Burdett Care Center to provide it with start-up operating and capital funds. The Trustee has entered into a related Subvention Agreement with Burdett Care Center, obligating Burdett Care Center to repay funds it draws from the Trust when its financial condition permits such repayment as outlined in the related agreements The funds were transferred at the time of the Merger Samaritan transferred the funds to the Trust prior to September 30, 2011 and they are reflected as donated capital in the statement of changes in net assets

Purchase of Condominium Units and Equipment Samaritan sold the space which housed its maternity unit to Burdett Care Center as two condominium units Management estimated that net book value approximated fair value at the date of the transaction As such, the sale price was based on the net book value of the premises at the time of the transaction plus the actual cost of improvements Samaritan and Burdett Care Center have executed a $4,745,000 non-interest bearing 20 year note and mortgage governing and securing payment by Burdett Care Center for the premises The note is payable in equal monthly installments of $19,771 Included in the accompanying balance sheet in investment in partnerships and other assets is $4,468,000 representing the unpaid portion of the note, less the current portion

Samaritan Hospital also sold certain equipment in its maternity unit to Burdett Care Center The sales price was based on net book value, which approximate fair value, of approximately $1,220,000, on the date of the transaction

Master Services Agreement Burdett Care Center and Samaritan have entered into a Master Services Agreement whereby Samaritan will provide a broad range of clinical and administrative services to Burdett Care Center at cost The initial term of the agreement is for two years At the end of the initial term, the agreement will renew for four additional two year terms, with certain termination provisions.

18. Subsequent Events

Workers' Compensation
Effective January 1, 2012, Northeast Health began participating in a self-insurance program for Workers' Compensation which is administrated and maintained by CHE The Northeast Health individual self-insurance plan was placed in "run off status", which effectively freezes the plan, and all incidents occurring after December 31, 2011 are not a liability of the individual self-insurance plan.

Pension Plan
In January 2012, the Board of Trustees passed a resolution to freeze the noncontributory defined benefit pension plan effective June 30, 2012 in anticipation of replacing it with a CHE - sponsored defined contribution plan

Northeast Health, Inc. and Affiliates
Combining Balance Sheet
December 31, 2011

(in thousands of dollars)

	Combined	Reclasses and Eliminations	Northeast Health	Samaritan Medical Office Building, Inc	Samaritan Child Care Center, Inc.	LTC (Eddy) Inc.	Eddy Affiliates	Samaritan Hospital	Memorial Hospital Albany, N.Y.	Northeast Health Foundation, Inc	Shaker Properties, Inc.
Assets											
Current assets											
Cash and cash equivalents	$ 58 899	$ -	$ 633	$ 67	$ 208	$ 5,389	$ 31,938	$ 14,383	$ 1 678	$ 4,013	$ 590
Investments	33 783	-	-	-	-	1,216	16 860	10,703	5,004	-	-
Accounts receivable, net	37,279	-	-	-	-	-	15,742	11,581	9,956	-	-
Prepaid expenses and other current assets	18,525	(17,523)	3,142	(10)	(12)	12,525	2,162	13,843	2 652	1,749	(3)
Total current assets	148 486	(17,523)	3,775	57	196	19,130	66,702	50,510	19,290	5,762	587
Assets whose use is limited	67,050	-	6,201	-	-	40	17 516	30,114	10,346	2,833	-
Interest in Sunnyview Foundation	4,451	-	-	-	-	-	4 451	-	-	-	-
James A Eddy Memorial Foundation	34,374	-	-	-	-	-	34,374	-	-	-	-
Property and equipment, less accumulated depreciation and amortization	188,944	-	1,695	3	12	-	117 044	39,235	30,932	14	9
Other assets											
Deferred compensation agreements	2,082	-	-	-	-	1,710	-	372	-	-	-
Deferred financing costs, net	2,129	-	-	-	-	-	2 129	-	-	-	-
Intangible assets	250	-	-	-	-	-	-	250	-	-	-
Investment in partnerships and other assets	7,649	(12,022)	700	485	6	2,296	7 113	7,396	1,675	-	-
	12 110	(12,022)	700	485	6	4,006	9,242	8,018	1,675	-	-
	$ 455 415	$ (29,545)	$ 12,371	$ 545	$ 214	$ 23,176	$ 249,329	$ 127,877	$ 62,243	$ 8,609	$ 596

Northeast Health, Inc. and Affiliates
Combining Balance Sheet
December 31, 2011

(in thousands of dollars)

	Combined	Reclasses and Eliminations	Northeast Health	Samaritan Medical Office Building, Inc.	Samaritan Child Care Center, Inc	LTC (Eddy) Inc.	Eddy Affiliates	Samaritan Hospital	Memorial Hospital Albany, N.Y.	Northeast Health Foundation, Inc	Shaker Properties, Inc
Liabilities and Net Assets											
Current liabilities											
Accounts payable and accrued expenses	$ 13,149	$ -	$ 865	$ -	$ 1	$ -	$ 5,439	$ 4,774	$ 2,046	$ 24	$ -
Accrued salaries, wages, and related items	15,318	-	1,763	-	-	-	4,752	6,013	2,790	-	-
Other current liabilities	8,940	(5,242)	83	-	52	(2)	4,600	3,112	5,851	486	-
Estimated third-party settlements	10,416	-	-	-	-	-	243	6,238	3,935	-	-
Current portion of long-term debt	4,147	-	-	-	-	-	2,182	187	1,778	-	-
Total current liabilities	51,970	(5,242)	2,711	-	53	(2)	17,216	20,324	16,400	510	-
Other liabilities	18,342	(95)	7,813	-	-	1,710	5,173	2,879	778	84	-
Accrued pension obligation	33,627	-	1,230	-	66	-	16,127	14,646	1,492	66	-
Asset retirement obligations	2,784	-	-	-	-	-	291	1,477	1,016	-	-
Resident entrance fees											
Refundable entrance fees	45,267	-	-	-	-	-	45,267	-	-	-	-
Unearned entrance fees	3,855	-	-	-	-	-	3,855	-	-	-	-
	49,122	-	-	-	-	-	49,122	-	-	-	-
Long-term debt											
Due to affiliates	-	(13,551)	-	-	-	-	13,551	-	-	-	-
Capital lease obligations	716	-	-	-	-	-	-	437	279	-	-
Mortgage notes payable	10,680	-	-	-	-	-	3,993	-	6,687	-	-
Bonds payable	54,185	-	-	-	-	-	54,185	-	-	-	-
	65,581	(13,551)	-	-	-	-	71,729	437	6,966	-	-
Less Portion classified as current	4,147						2,182	187	1,778		
	61,434	(13,551)	-	-	-	-	69,547	250	5,188	-	-
Net assets (deficit) and shareholder's equity											
Unrestricted/shareholder's equity	189,225	(2,435)	91	545	82	21,142	49,961	84,005	35,590	(352)	596
Temporarily restricted											
James A. Eddy Memorial Foundation	23,218	-	-	-	-	-	23,218	-	-	-	-
Other	7,525	(6,235)	526	-	13	326	3,806	2,302	473	6,314	-
	30,743	(6,235)	526	-	13	326	27,024	2,302	473	6,314	-
Permanently restricted											
James A. Eddy Memorial Foundation	11,156	-	-	-	-	-	11,156	-	-	-	-
Other	7,012	(1,987)	-	-	-	-	3,712	1,994	1,306	1,987	-
	18,168	(1,987)	-	-	-	-	14,868	1,994	1,306	1,987	-
Total net assets	238,136	(10,657)	617	545	95	21,468	91,853	88,301	37,369	7,949	596
	$ 455,415	$ (29,545)	$ 12,371	$ 545	$ 214	$ 23,176	$ 249,329	$ 127,877	$ 62,243	$ 8,609	$ 596

Northeast Health, Inc. and Affiliates
Combining Balance Sheet – Eddy Affiliates
December 31, 2011

(in thousands of dollars)

	Combined	EMGC	Heritage	EVG	Sunnyview	MDRC	Eddy Property Services	Beverwyck	Glen Eddy	Hawthorne Ridge	HASENY	ELHCA	ESC
Assets													
Current assets													
Cash and cash equivalents	$ 31,938	$ 2 260	$ 491	$ 6 443	$ 1 341	$ 3,415	$ 2 499	$ 7 857	$ 908	$ 3 685	$ 1 813	$ 1	$ 1,225
Investments	16 860	2 821	-	-	6 319	2 340	206	3,348	132	-	1 694	-	-
Accounts receivable, net	15 742	676	1 229	1 617	6 930	-	-	130	-	-	4 497	54	609
Prepaid expenses and other current assets	2 162	544	(765)	492	912	(149)	131	319	148	58	237	(55)	290
Total current assets	66 702	6 301	955	8 552	15 502	5,606	2 836	11,654	1 188	3 743	8 241	-	2,124
Assets whose use is limited	17,516	2 268	-	2 198	7 144	641	678	3,242	500	257	63	-	525
Interest in Sunnyview Foundation	4 451	-	-	-	4 451	-	-	-	-	-	-	-	-
James A Eddy Memorial Foundation	34,374	34 374	-	-	-	-	-	-	-	-	-	-	-
Property and equipment, less accumulated depreciation and amortization	117,044	7 549	2 659	35 006	12 545	2 813	3 680	20,927	15,195	12 976	2 622	-	1,072
Other assets													
Deferred financing costs	2 129	-	57	1 238	431	-	-	357	46	-	-	-	-
Investment in partnerships and other assets	7 113	263	30	1 396		258	-	4 491	350	80	230	-	15
	9,242	263	87	2,634	431	258	-	4,848	396	80	230	-	15
	$ 249 329	$ 50 755	$ 3 701	$ 48 390	$ 40 073	$ 9 318	$ 7 194	$ 40 671	$ 17 279	$ 17 056	$ 11 156	$ -	$ 3 736

Northeast Health, Inc. and Affiliates
Combining Balance Sheet – Eddy Affiliates
December 31, 2011

(in thousands of dollars)

	Combined	EMGC	Heritage	EVG	Sunnyview	MDRC	Eddy Property Services	Beverwyck	Glen Eddy	Hawthorne Ridge	HASENY	ELHCA	ESC
Liabilities and Net Assets													
Current liabilities													
Accounts payable and accrued expenses	$ 5 439	$ 503	$ 213	$ 841	$ 1 288	$ 97	$ 168	$ 461	$ 173	$ 131	$ 422	$ (38)	$ 1 180
Accrued salaries wages and related items	4 752	322	301	574	1 429	-	-	176	109	127	1 472	6	236
Other current liabilities	4 600	142	(71)	1 624	280	7	184	790	1 366	270	9	-	(1)
Estimated third-party settlements	243	479	92	(1 969)	690	-	-	-	-	-	536	13	402
Current portion of long-term debt	2 182	-	-	755	315	-	-	400	442	270	-	-	-
Total current liabilities	17 216	1 446	535	1 825	4 002	104	352	1,827	2,090	798	2,439	(19)	1 817
Other liabilities	5 173	(83)	246	2 511	1 637	125	-	2	1	437	86	-	211
Accrued pension obligations	16 127	720	600	1 602	11 950	169	-	196	65	65	564	-	196
Asset retirement obligations	291	-	-	-	291	-	-	-	-	-	-	-	-
Resident entrance fees													
Refundable entrance fees	45 267	-	-	-	-	-	-	27 011	13 067	5 189	-	-	-
Unearned entrance fees	3 855	-	-	-	-	-	-	2 529	1 007	319	-	-	-
	49 122	-	-	-	-	-	-	29 540	14 074	5 508	-	-	-
Long-term debt													
Due to affiliates	13 551	-	1 622	-	-	-	1 389	143	7 128	3 269	-	-	-
Capital lease obligations	-	-	-	-	-	-	-	-	-	-	-	-	-
Mortgage notes payable	3 993	-	-	-	-	-	-	-	3 993	-	-	-	-
Bonds payable	54,185	-	-	30 035	10,715	-	-	4 600	-	8 835	-	-	-
	71,729	-	1 622	30 035	10 715	-	1 389	4,743	11 121	12 104	-	-	-
Less Portion classified as current	2 182	-	-	755	315	-	-	400	442	270	-	-	-
	69 547	-	1 622	29 280	10 400	-	1 389	4 343	10 679	11 834	-	-	-
Net assets (deficit)													
Unrestricted	49 961	14 025	667	11 765	8 365	8 021	5 403	4 071	(9 980)	(1 665)	7 774	19	1 497
Temporarily restricted													
James A Eddy Memorial Foundation	23,218	23 218	-	-	-	-	-	-	-	-	-	-	-
Other	3 806	273	31	1 407	941	258	50	181	345	75	230	-	15
	27 024	23,491	31	1 407	941	258	50	181	345	75	230	-	15
Permanently restricted													
James A Eddy Memorial Foundation	11 156	11,156	-	-	-	-	-	-	-	-	-	-	-
Other	3,712	-	-	-	2,487	641	-	511	5	5	63	-	-
	14 868	11 156	-	-	2 487	641	-	511	5	5	63	-	-
Total net assets (deficit)	91 853	48 672	698	13 172	11 793	8 920	5,453	4 763	(9 630)	(1 585)	8 067	19	1 512
	$ 249 329	$ 50 755	$ 3 701	$ 48 390	$ 40 073	$ 9 318	$ 7 194	$ 40,671	$ 17 279	$ 17 057	$ 11 156	$ -	$ 3 736

Northeast Health, Inc. and Affiliates
Combining Statement of Operations and Changes in Net Assets - Northeast Health, Inc. and Affiliates
Year Ended December 31, 2011

(in thousands of dollars)

	Combined	Reclasses and Eliminations	Northeast Health	Samaritan Medical Office Building, Inc	Samaritan Child Care Center, Inc	LTC (Eddy) Inc	Eddy Affiliates	Samaritan Hospital	Memorial Hospital Albany, N Y	Northeast Health Foundation, Inc	Shaker Properties, Inc
Unrestricted revenue, gains and other support											
Net patient service revenue	$ 345,270	$ (640)	$ -	$ -	$ -	$ -	$ 133,309	$ 124,302	$ 88,499	$ -	$ -
Other operating revenue	40,283	(15,595)	15,166	229	1,484	269	32,498	3 726	1,960	510	36
Unrestricted contributions	1,575	(495)	42	-	-	1 202	610	120	97	(1)	-
Net assets released from restrictions used for operations	917		9	-	-	-	77	187	59	585	-
Total operating revenue	388 045	(16,930)	15,217	229	1,484	1,471	166,494	128,335	90,615	1 094	36
Expenses											
Salaries wages and benefits	220,368	(3 525)	9,475	-	1 158	4	100 614	69 414	42 636	592	-
Medical supplies	39 337	(114)	-	-	-	-	8,244	14 661	16,546	-	-
Purchased services, professional fees and other expenses	66 104	(12,664)	3,280	270	283	944	35,352	23 332	14 992	278	37
Interest and financing fees	2 958	(241)	-	-	-	-	2,787	47	365	-	-
Depreciation and amortization	24 306	-	527	-	2	-	11 070	6 997	5 703	5	2
Provision for bad debts	15 165	-	-	-	12	-	1,376	7 288	6,489	-	-
Insurance	7,711	(128)	4,185	2	25	-	871	1,548	1,204	2	2
Total expenses	375,949	(16,672)	17,467	272	1,480	948	160,314	123,287	87 935	877	41
Operating margin (loss)	12 096	(258)	(2,250)	(43)	4	523	6,180	5,048	2,680	217	(5)
Nonoperating revenue (expenses)											
Investment returns	(406)	(241)	(2)	(1)	(1)	297	22	(242)	(91)	(147)	-
Change in fair value of interest rates swaps	(2,834)	-	-	-	-	-	(2,834)	-	-	-	-
Other expenses	(1,293)	-	-	-	-	-	(747)	(542)	(4)	-	-
Gain (loss) on disposal of property and equipment	393	-	(11)	-	-	-	(182)	440	-	-	146
Total nonoperating revenue (expenses) net	(4,140)	(241)	(13)	(1)	(1)	297	(3,741)	(344)	(95)	(147)	146
Excess (deficit) of revenue over expenses	$ 7 956	$ (499)	$ (2,263)	$ (44)	$ 3	$ 820	$ 2,439	$ 4,704	$ 2,585	$ 70	$ 141

Northeast Health, Inc. and Affiliates
Combining Statement of Operations and Changes in Net Assets - Northeast Health, Inc. and Affiliates
Year Ended December 31, 2011

(in thousands of dollars)

	Combined	Reclasses and Eliminations	Northeast Health	Samaritan Medical Office Building Inc	Samaritan Child Care Center, Inc	LTC (Eddy) Inc.	Eddy Affiliates	Samaritan Hospital	Memorial Hospital Albany, N.Y.	Northeast Health Foundation Inc	Shaker Properties, Inc.
Unrestricted net assets											
Excess (deficit) of revenue over expenses	$ 7,956	$ (499)	$ (2,263)	$ (44)	$ 3	$ 820	$ 2,439	$ 4,704	$ 2,585	$ 70	$ 141
Net assets released and contributions for capital acquisitions	7,033	103	1,730	-	(4)	(410)	679	5,732	(512)	(235)	(50)
Donated capital	(5,000)	-	-	-	-	-	-	(5,000)	-	-	-
Change in funded status of pension plan	(17,604)	-	(567)	-	(33)	-	(8,324)	(7,831)	(809)	(40)	-
Other	(96)	-	-	-	-	(93)	68	-	(71)	-	-
Increase (decrease) in unrestricted net assets	(7,711)	(396)	(1,100)	(44)	(34)	317	(5,138)	(2,395)	1,193	(205)	91
Temporarily restricted net assets											
Restricted gifts and investment returns	698	(461)	70	-	24	-	(2,007)	1,007	68	1,997	-
Net assets released for capital acquisitions	(1,936)	-	(6)	-	(13)	(2)	(767)	(426)	(33)	(689)	-
Net assets released for operations	(917)	-	(9)	-	-	-	(77)	(187)	(59)	(585)	-
Other	(641)	-	-	-		-	(641)	-	-	-	-
Increase (decrease) in temporarily restricted net assets	(2,796)	(461)	55	-	11	(2)	(3,492)	394	(24)	723	-
Permanently restricted net assets											
Restricted gifts	315	(50)	-	-	-	-	131	25	26	183	-
Other	605	-	-	-	-	-	600	-	5	-	-
(Decrease) increase in permanently restricted net assets	920	(50)	-	-	-	-	731	25	31	183	-
Increase (decrease) in net assets	(9,587)	(907)	(1,045)	(44)	(23)	315	(7,899)	(1,976)	1,200	701	91
Net assets											
Beginning of year	247,723	(9,750)	1,662	589	118	21,153	99,752	90,277	36,169	7,248	505
End of year	$ 238,136	$ (10,657)	$ 617	$ 545	$ 95	$ 21,468	$ 91,853	$ 88,301	$ 37,369	$ 7,949	$ 596

Northeast Health, Inc. and Affiliates
Combining Statement of Operations and Changes in Net Assets – Eddy Affiliates
Year Ended December 31, 2011

(in thousands of dollars)

	Combined	EMGC	Heritage	EVG	Sunnyview	MDRC	Eddy Property Service	Beverwyck	Glen Eddy	Hawthorne Ridge	HASENY	ELHCA	ESC
Unrestricted revenue gains and other support													
Net patient service revenue	$ 133 309	$ 7 712	$ 11 759	$ 20 051	$ 45 061	$ -	$ -	$ 2 419	$ -	$ -	$ 35 232	$ 54	$ 11 021
Other operating revenue	32 498	3 398	143	163	1 750	3 571	863	9 261	6 406	5 901	794	-	248
Unrestricted contributions	610	1	2	16	549	2	-	15	12	-	13	-	
Net assets released from restrictions used for operations	77	13	-	6	1	41	-	13	-	2	-	-	1
Total operating revenue	166 494	11 124	11 904	20,236	47,361	3 614	863	11 708	6 418	5 903	36,039	54	11,270
Expenses													
Salaries wages and benefits	100 614	6 731	8 282	11 340	29 818	2 382	25	4 516	2 280	2 683	26 744	55	5 758
Medical supplies	8,244	113	562	268	3 945	4	-	25	3	3	2 219	-	1 102
Purchased services, professional fees and other expenses	35 352	2 783	2 137	3 888	7 325	769	136	3 483	2 570	1 719	5 806	6	4 730
Interest and financing fees	2 787	-	90	1 261	583	-	-	115	367	371	-	-	-
Depreciation and amortization	11 070	677	572	2 208	1 588	426	275	1 873	1 191	1 173	872	-	215
Provision for bad debts	1 376	10	50	41	798	37	-	13	(3)	9	421	-	-
Insurance	871	46	41	88	361	16	19	79	40	41	122		18
Total expenses	160,314	10 360	11,734	19 094	44,418	3 634	455	10 104	6 448	5 999	36 184	61	11 823
Operating margin (loss)	6,180	764	170	1 142	2 943	(20)	408	1 604	(30)	(96)	(145)	(7)	(553)
Nonoperating revenue (expenses)													
Investment income (loss) net	22	(93)	(2)	29	106	(21)	(3)	20	(6)	12	(22)	-	2
Change in fair value of interest rates swaps	(2 834)	-	-	(1 849)	(1 092)	-	-	-	-	107	-	-	-
Other expenses	(747)	(33)	(11)	(7)	(691)	(5)	-	-	-	-	-	-	-
Gain (loss) on disposal of property and equipment	(182)	(30)	(49)	(8)	-	(63)	-	(12)	(12)	(8)	-	-	-
Total nonoperating revenue net	(3 741)	(156)	(62)	(1 835)	(1 677)	(89)	(3)	8	(18)	111	(22)	-	2
Excess (deficit) of revenue over expenses	$ 2 439	$ 608	$ 108	$ (693)	$ 1 266	$ (109)	$ 405	$ 1 612	$ (48)	$ 15	$ (167)	$ (7)	$ (551)

Northeast Health, Inc. and Affiliates
Combining Statement of Operations and Changes in Net Assets – Eddy Affiliates
Year Ended December 31, 2011

(in thousands of dollars)

	Combined	EMGC	Heritage	EVG	Sunnyview	MDRC	Eddy Property Services	Beverwyck	Glen Eddy	Hawthorne Ridge	HASENY	ELHCA	ESC
Unrestricted net assets													
Excess (deficit) of revenue over expenses	$ 2 439	$ 608	$ 108	$ (693)	$ 1 266	$ (109)	$ 405	$ 1 612	$ (48)	$ 15	$ (167)	$ (7)	$ (551)
Net assets released and contributions for capital acquisitions	679	(53)	-	14	148	(9)	(75)	49	(48)	55	32	-	566
Donated capital	-	-	-	-	-	-	-	-	-	-	-	-	-
Change in funded status of pension plan	(8 324)	(374)	(327)	(990)	(5 982)	(92)	-	(107)	(40)	(30)	(253)	-	(129)
Other	68	42	-	-	-	-	-	-	-	-	-	26	-
Increase (decrease) in unrestricted net assets	(5 138)	223	(219)	(1 669)	(4 568)	(210)	330	1 554	(136)	40	(388)	19	(114)
Temporarily restricted net assets													
Restricted gifts and investment returns	(2 007)	(2,586)	1	28	200	49	-	27	320	59	(115)	-	10
Net assets released for capital acquisitions	(767)	(1)	-	(7)	(413)	(38)	-	(289)	(14)	-	-	-	(5)
Net assets released for operations	(77)	(13)	-	(6)	(1)	(41)	-	(13)	-	(2)	-	-	(1)
Other	(641)	-	-	-	-	(641)	-	-	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	(3 492)	(2 600)	1	15	(214)	(671)	-	(275)	306	57	(115)	-	4
Permanently restricted net assets													
Restricted gifts	131	-	-	-	-	-	-	130	-	1	-	-	-
Other	600	(41)	-	-	-	641	-	-	-	-	-	-	-
(Decrease) increase in permanently restricted net assets	731	(41)	-	-	-	641	-	130	-	1	-	-	-
Increase (decrease) in net assets (deficit)	(7,899)	(2 418)	(218)	(1,654)	(4 782)	(240)	330	1 409	170	98	(503)	19	(110)
Net assets (deficit)													
Beginning of year	99 752	51 090	916	14,826	16 575	9,160	5,123	3 354	(9 800)	(1,684)	8 570		1 622
End of year	$ 91 853	$ 48 672	$ 698	$ 13 172	$ 11 793	$ 8 920	$ 5 453	$ 4 763	$ (9 630)	$ (1 586)	$ 8,067	$ 19	$ 1 512

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Altes Jane PhD Board Member	2 00	X						0	0	0
Boyle Steven CEO	2 00	X		X				0	869,274	15,412
Bristol Bob Board Member	2 00	X						0	0	0
Bylancik Robert J Board Member	2 00	X						0	50,000	0
Cartwright Mark Board Member	2 00	X						0	0	0
Costantino Jo-Ann EVP, NEH/CEO of the Eddy	2 00	X		X				0	368,616	19,523
Cottrell Barbara Board Member	2 00	X						0	0	0
Dake Susan Board Member	2 00	X						0	0	0
Dascher Norman EVP, NEH/CEO, Patient Care Div	20 00	X		X				372,840	0	23,209
DiSarro Ann Board Member	2 00	X						0	0	0
Doyle Rev Kenneth Board Member	2 00	X						0	0	0
Filippone John MD Board Member	2 00	X						0	0	0
Foley William J PhD Board Member	2 00	X						0	0	0
Fortune Robert Board Member	2 00	X						0	0	0
Goldberg Alan Board Member	2 00	X						0	0	0
Gordon Harold Esq 2nd Vice Chair	4 00	X		X				0	0	0
Guzior Ronald L Board Member	2 00	X						0	0	0
Hearst George III Board Member	2 00	X						0	0	0
Herbert Sr Phyllis Board Member	2 00	X						0	0	0
Johnson Robert W III Esq Co-Chair	4 00	X		X				0	0	0
Jones Sydney Tucker III Co-Chair	2 00	X		X				0	0	0
Joyce Eileen MD Board Member	2 00	X						0	0	0
Karpiak Beverly Board Member	2 00	X						0	0	0
Keegan Michael Treasurer	2 00	X		X				0	0	0
Lang John M Board Member	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Massry Norman Board Member	2 00	X						0	0	0
Natwin Sr Kathleen Board Member	2 00	X						0	0	0
Nowak Thomas Board Member	4 00	X						0	0	0
Opalka Chester Board Member	2 00	X						0	0	0
Oster Russell Board Member	2 00	X						0	0	0
Philip George 1st Vice Chair	2 00	X		X				0	0	0
Powell Curtis Board Member	2 00	X						0	0	0
Puleo James H MD Board Member	2 00	X						0	0	0
Puleo James V MD Board Member	5 00	X						0	6,250	0
Reed James K MD President	1 60	X		X				0	815,276	37,728
Robinson Harry Esq Board Member	2 00	X						0	0	0
Rosenberg Stuart MD Board Member	2 00	X						0	0	0
Sanders Alan MD Board Member	2 00	X						0	0	0
Slavin James MD Board Member	2 00	X						0	0	0
Somerville Sr Jane Board Member	2 00	X						0	0	0
Tartaglia Anthony P MD Secretary	4 00	X		X				0	0	0
Thorn Lisa MD Board Member	5 00	X						6,250	32,375	0
Turley Sr Kathleen Board Member	2 00	X						0	0	0
Tyrrell Thomas Board Member	2 00	X						0	0	0
Brodbeck Kathleen VP Operations	37 50			X				0	325,427	91,003
Gavin James CFO	1 00			X				0	394,647	129,780
Santos Lori CFO	20 00			X				0	224,175	11,099
Schuhle Thomas CFO	1 00			X				0	323,320	29,892
Silverman Daniel MD Vice President	20 00			X				224,315	0	22,142
Smith Robert Vice President	20 00			X				152,695	0	13,844

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tassey Karen COO/CNO	20 00			X				0	229,274	9,743
Biguzzi Sergio Physician	40 00					X		365,802	0	11,464
Field Gregory Physician	40 00					X		322,629	0	25,746
Silk Yusuf Physician	40 00					X		250,784	0	13,015
Singh Indra Physician	40 00					X		258,959	0	10,164
Singh Vinita Physician	40 00					X		322,344	0	17,589