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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>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Shaker Properties Inc<br>Doing Business As<br>_____<br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>600 Northern Blvd _____<br>City or town, state or country, and ZIP + 4<br>Albany, NY 12204<br><b>F</b> Name and address of principal officer<br>Thomas Schuhle<br>600 Northern Blvd<br>Albany, NY 12204 | <b>D</b> Employer identification number<br>22-3119822<br><b>E</b> Telephone number<br>(518) 271-5023<br><b>G</b> Gross receipts \$ 183,468<br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ 0928 |
| <b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 2 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ N/A   |   |   |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation 1991 <b>M</b> State of legal domicile NY   |

**Part I Summary**

|  |  |                                  |                     |
|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>To benefit Albany Memorial Hospital by managing and operating facilities providing services which are substantially related to the charitable purposes of the hospital<br>_____<br>_____<br>_____<br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 41<br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 35<br><b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . . <b>5</b> 0<br><b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 35<br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0<br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0 |                                  |                     |
| <b>Revenue</b>   |  | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                     |  | 0                                | 0                   |
| <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                      |  | 34,304                           | 36,918              |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                    |  | 318                              | 146,550             |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                   |  | 0                                | 0                   |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . |  | 34,622                           | 183,468             |
| <b>Expenses</b>  |  |                                  |                     |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .                 |  | 0                                | 0                   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                    |  | 0                                | 0                   |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)          |  | 0                                | 0                   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                   |  | 0                                | 0                   |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>                    |  |                                  |                     |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                     |  | 66,595                           | 41,704              |
| <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                   |  | 66,595                           | 41,704              |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                              |  | -31,973                          | 141,764             |
| <b>Net Assets or Fund Balances</b>   |  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>20</b> Total assets (Part X, line 16) . . . . .   |  | 505,639                          | 596,235             |
| <b>21</b> Total liabilities (Part X, line 26) . . . . .  |  | 1,168                            | 0                   |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                        |  | 504,471                          | 596,235             |

**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.

|                  |  |                    |
|------------------|--|--------------------|
| <b>Sign Here</b> | *****<br>Signature of officer                          | 2012-11-14<br>Date |
|                  | Norman Dascher Exec VP<br>Type or print name and title |                    |

|                                 |  |      |   |   |
|---------------------------------|--|------|---|---|
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶ William J Homer   | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions)<br>P00994519 |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br>DELOITTE TAX LLP<br>1700 MARKET STREET 25TH FLOOR<br>PHILADELPHIA, PA 191033984 |      |   | EIN ▶ 86-1065772<br>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  Yes  No

**1** Briefly describe the organization's mission  
To benefit Albany Memorial Hospital by managing and operating facilities providing services which are substantially related to the charitable purposes of the hospital

**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 \$ 41,704 including grants of \$ ) (Revenue \$ 183,057 )  
To benefit Albany Memorial Hospital by managing and operating facilities providing services which are substantially related to the charitable purposes of the hospital














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

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

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

**4e** Total program service expenses \$ 41,704

**Part IV Checklist of Required Schedules**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .  |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  |     | No |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .   |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  |     |    |
| <b>5</b>   | 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .  |     | No |
| <b>6</b>   | 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? <i>If "Yes," complete Schedule D, Part I</i>  . . . . . |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .  |     | No |
| <b>9</b>   | 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? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .    |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .  |     | No |
| <b>11</b>  | 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  |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>  . . . . .   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i>  . . . . .   |     | No |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule D, Part VIII.</i>  . . . . .  |     | No |
| <b>d</b>   | 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? <i>If "Yes," complete Schedule D, Part IX.</i>  . . . . .  |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  . . . . .   |     | No |
| <b>f</b>   | 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)? <i>If "Yes," complete Schedule D, Part X.</i>  . . . . .      |     | No |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>  . . . . .  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>  . . . . .                | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .  |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Part I</i> . . . . .  |     | No |
| <b>15</b>  | 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 ? <i>If "Yes," complete Schedule F, Part II and IV</i> . . . . .  |     | No |
| <b>16</b>  | 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 ? <i>If "Yes," complete Schedule F, Part III and IV</i> . . . . .  |     | No |
| <b>17</b>  | 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? <i>If "Yes," complete Schedule G, Part I</i> . . . . .  |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .   |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | No |
| <b>20a</b> | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .  |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b>  |     | No |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .                | <b>23</b>  | Yes |    |
| <b>24a</b> | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     |    |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | <b>25b</b> |     |    |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | <b>26</b>  |     | No |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | <b>27</b>  |     | No |
| <b>28</b>  | 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)  |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | <b>34</b>  | Yes |    |
| <b>35a</b> | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | 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

Table with columns for question number, question text, sub-questions (1a, 1b, 1c, etc.), and Yes/No columns. Includes questions 1a-14a regarding Form 1096, W-2G, Form W-3, and various organizational requirements.

**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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |     |    |
|           | <b>1a</b> 41  |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
|           | <b>1b</b> 35  |     |    |
| <b>2</b>  | 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? . . . . .   | Yes |    |
| <b>3</b>  | 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? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | Yes |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | No |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  | Yes |    |
| <b>7a</b> | 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? . . . . .  | Yes |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .  |     |    |
| <b>a</b>  | The governing body? . . . . .   | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | 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 . . . . .        |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>b</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? . . . . .   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | Yes |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | Yes |    |
| <b>b</b>   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .   | Yes |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | Yes |    |
| <b>15</b>  | 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? . . . . .   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official . . . . .   | Yes |    |
| <b>b</b>   | Other officers or key employees of the organization . . . . .  | Yes |    |
|            | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>b</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? . . . . . |     |    |

**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   
 Melissa Inman  
 600 Northern Boulevard  
 ALBANY, NY 12204  
 (518) 271-5038



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

| (A)<br>Name and Title  | (B)<br>Average hours per week per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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                                      |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 0      | 3,463,023  | 264,179   |   |

**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 **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**

**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|---|---|--|--|--|---|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b> _____  |  |  |   |   |  |
|   | <b>b</b>  | Membership dues . . . . . <b>1b</b> _____  |  |  |   |   |  |
|   | <b>c</b>  | Fundraising events . . . . . <b>1c</b> _____   |  |  |   |   |  |
|   | <b>d</b>  | Related organizations . . . . . <b>1d</b> _____  |  |  |   |   |  |
|   | <b>e</b>  | Government grants (contributions) <b>1e</b> _____  |  |  |   |   |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____   |  |  |   |   |  |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f \$ _____   |  |  |   |   |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   |  |  |   |   |  |
| <b>Program Service Revenue</b>                                |   |  | Business Code  |  |   |   |  |
|   | <b>2a</b>   | Lease & Rental Income _____  | 531120   | 36,918   | 36,918                                  |   |  |
|   | <b>b</b>  | _____  |  |  |   |   |  |
|   | <b>c</b>  | _____  |  |  |   |   |  |
|   | <b>d</b>  | _____  |  |  |   |   |  |
|   | <b>e</b>  | _____  |  |  |   |   |  |
|   | <b>f</b>  | All other program service revenue _____  |  |  |   |   |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>                                  |  | 36,918   |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>   |  | 411  |   | 411   |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>5</b>  | Royalties . . . . . <b>▶</b>   |  |  |   |   |  |
|   | <b>6a</b>   | (i) Real   |  | (ii) Personal                                      |   |   |  |
|   |   | <b>b</b>   | Gross rents _____  |  |   |   |  |
|   |   | <b>b</b>   | Less rental expenses _____                                   |  |   |   |  |
|   |   | <b>c</b>   | Rental income or (loss) _____                                |  |   |   |  |
|   | <b>d</b>  | <b>Net rental income or (loss)</b> . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>7a</b>   | (i) Securities   |  | (ii) Other   |   |   |  |
|   |   | <b>b</b>   | Gross amount from sales of assets other than inventory _____ |  | 146,139                                 |   |  |
|   |   | <b>b</b>   | Less cost or other basis and sales expenses _____            |  | 0                                       |   |  |
|   |   | <b>c</b>   | Gain or (loss) _____   |  | 146,139                                 |   |  |
|   | <b>d</b>  | <b>Net gain or (loss)</b> . . . . . <b>▶</b>   |  | 146,139  |   | 146,139   |  |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> _____ |  |  |   |   |  |
|   | <b>b</b>  | Less direct expenses . . . . . <b>b</b> _____  |  |  |   |   |  |
| <b>c</b>  | <b>Net income or (loss) from fundraising events</b> . . . . . <b>▶</b>            |  |  |  |   |   |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> _____ |  |  |  |   |   |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b> _____                                     |  |  |  |   |   |  |
| <b>c</b>  | <b>Net income or (loss) from gaming activities</b> . . . . . <b>▶</b>             |  |  |  |   |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . <b>a</b> _____    |  |  |  |   |   |  |
| <b>b</b>  | Less cost of goods sold . . . . . <b>b</b> _____                                  |  |  |  |   |   |  |
| <b>c</b>  | <b>Net income or (loss) from sales of inventory</b> . . . . . <b>▶</b>            |  |  |  |   |   |  |
|   |   | Business Code  |  |  |   |   |  |
| <b>11a</b>  | Miscellaneous Revenue _____   |  |  |  |   |   |  |
| <b>b</b>  | _____   |  |  |  |   |   |  |
| <b>c</b>  | _____   |  |  |  |   |   |  |
| <b>d</b>  | All other revenue . . . . . _____   |  |  |  |   |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                                |  |  |  |   |   |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . <b>▶</b>                         |  | 183,468  | 36,918   | 0                                       | 146,550   |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members  |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .   |                              |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages   |                              |  |   |                                    |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  |                              |  |   |                                    |
| <b>9</b>  | Other employee benefits . . . . .  |                              |  |   |                                    |
| <b>10</b>   | Payroll taxes . . . . .  |                              |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .   |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .  |                              |  |   |                                    |
| <b>c</b>  | Accounting . . . . .   |                              |  |   |                                    |
| <b>d</b>  | Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17 . . . . .  |                              |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b>  | Other . . . . .  |                              |  |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .  |                              |  |   |                                    |
| <b>13</b>   | Office expenses . . . . .  |                              |  |   |                                    |
| <b>14</b>   | Information technology . . . . .   |                              |  |   |                                    |
| <b>15</b>   | Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .  | 16,913                       | 16,913                                 |   |                                    |
| <b>17</b>   | Travel . . . . .   |                              |  |   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .   |                              |  |   |                                    |
| <b>20</b>   | Interest . . . . .   |                              |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .  | 2,149                        | 2,149                                  |   |                                    |
| <b>23</b>   | Insurance . . . . .  | 2,340                        | 2,340                                  |   |                                    |
| <b>24</b>   | 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 )  |                              |  |   |                                    |
| <b>a</b>  | Management Fees  | 20,009                       | 20,009                                 | 0   | 0                                  |
| <b>b</b>  | Other Misc   | 193                          | 193                                    | 0   | 0                                  |
| <b>c</b>  | Other fees   | 100                          | 100                                    | 0   | 0                                  |
| <b>d</b>  |  |                              |  |   |                                    |
| <b>e</b>  |  |                              |  |   |                                    |
| <b>f</b>  | All other expenses   |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f  | 41,704                       | 41,704                                 | 0   | 0                                  |
| <b>26</b>   | <b>Joint costs.</b> Check here <input type="checkbox"/> 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)               |            | (B)         |
|--|--|-------------------|------------|-------------|
|  |  | Beginning of year |            | End of year |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   |                   | <b>1</b>   |             |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 392,809           | <b>2</b>   | 589,669     |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  |                   | <b>3</b>   |             |
|  | <b>4</b> Accounts receivable, net . . . . .  |                   | <b>4</b>   |             |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                    |                   | <b>5</b>   |             |
|  | <b>6</b> 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 . . . . .       |                   | <b>6</b>   |             |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>   |             |
|  | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>   |             |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 4,624             | <b>9</b>   | 1,577       |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10,000            |            |             |
|  | <b>b</b> Less accumulated depreciation . . . . .   | 99,433            | <b>10c</b> | 10,000      |
|  | <b>11</b> Investments—publicly traded securities . . . . .   |                   | <b>11</b>  |             |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .  |                   | <b>12</b>  |             |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .   |                   | <b>13</b>  |             |
|  | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>  |             |
|  | <b>15</b> Other assets See Part IV, line 11 . . . . .  | 8,773             | <b>15</b>  | -5,011      |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 505,639  | <b>16</b>         | 596,235    |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,168             | <b>17</b>  |             |
|  | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>  |             |
|  | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>  |             |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>  |             |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   |                   | <b>21</b>  |             |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  |                   | <b>22</b>  |             |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   | <b>23</b>  |             |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>  |             |
|  | <b>25</b> 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 . . . . . |                   | <b>25</b>  | 0           |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 1,168             | <b>26</b>  | 0           |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |            |             |
|  | <b>27</b> Unrestricted net assets . . . . .  | 504,471           | <b>27</b>  | 596,235     |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 0                 | <b>28</b>  | 0           |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 0                 | <b>29</b>  | 0           |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |            |             |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>  |             |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>  |             |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>  |             |
| <b>33</b> Total net assets or fund balances . . . . .                                | 504,471  | <b>33</b>         | 596,235    |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 505,639  | <b>34</b>         | 596,235    |             |

**Part XI Reconciliation of Net Assets**

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

|          |   |          |         |
|----------|---|----------|---------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 183,468 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 41,704  |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | 141,764 |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 504,471 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | -50,000 |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 596,235 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?   |     | No |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O |     |    |
| <b>3a</b> | 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?   |     | No |
| <b>3b</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   |     |    |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Shaker Properties Inc

Employer identification number 22-3119822

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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?
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)?
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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

**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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 10,000                          |                              | 10,000         |
| <b>b</b> Buildings . . . . .  |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | 10,000         |



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

|           |   |           |  |
|-----------|---|-----------|--|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  |  |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  |  |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  |  |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  |  |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |  |
| <b>6</b>  | Investment expenses   | <b>6</b>  |  |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |  |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  |  |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  |  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> |  |

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

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

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

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

**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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Shaker Properties Inc

Employer identification number  
22-3119822

**Part I Questions Regarding Compensation**

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> |     |    |
| <b>5b</b> |     |    |
| <b>6a</b> |     |    |
| <b>6b</b> |     |    |
| <b>7</b>  |     |    |
| <b>8</b>  |     |    |
| <b>9</b>  |     |    |

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 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?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

**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 Jr | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                       | (ii) | 322,139  | 20,332                              | 30,369                              | 9,800  | 13,409                  | 396,049                         | 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) Gavin James       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                       | (ii) | 290,196  | 73,799                              | 30,652                              | 113,976  | 15,804                  | 524,427                         | 0  |
| (6) Lori Santos       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                       | (ii) | 196,388  | 10,873                              | 16,914                              | 8,635  | 0                       | 232,810                         | 0  |
| (7) Schuhle Thomas    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                       | (ii) | 270,314  | 31,466                              | 21,540                              | 11,460   | 18,432                  | 353,212                         | 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 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.  |

**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  
Shaker Properties Inc

**Employer identification number**

22-3119822

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

| Identifier | Return Reference                     | Explanation  |
|------------|--------------------------------------|--|
|            | Form 990, Part VI, Section A, line 4 | <p>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 confer certain reserve powers on Catholic Health East, - to confer certain reserved powers on St Peter's Health Partners, - 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 state that the organization's sole member (i.e., corporate parent) is Northeast Health, Inc 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</p> |

| <b>Identifier</b> | <b>Return Reference</b>              | <b>Explanation</b>                       |
|-------------------|--------------------------------------|--|
|                   | Form 990, Part VI, Section A, line 6 | Northeast Health, Inc is the sole member |

| Identifier | Return Reference                      | Explanation   |
|------------|---------------------------------------|---|
|            | Form 990, Part VI, Section A, line 7a | Northeast Health, Inc elects the members of the organization's 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 | <p>Northeast Health, the health system to which Shaker Properties, Inc 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 conflict's 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 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</p> |

| Identifier | Return Reference                      | Explanation  |
|------------|---------------------------------------|--|
|            | Form 990, Part VI, Section B, line 15 | <p>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.</p> |

| Identifier | Return Reference                         | Explanation  |
|------------|--|--|
|            | Form 990, Part VI,<br>Section C, line 19 | In 2011, Northeast Health 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  |
|---|-------------------------------|--|
| Avg hours devoted to related org(s) when related comp is reported | 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 | Transfer to Northeast Health -50,000 Total to Form 990, Part XI, Line 5 - 50,000 |

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
|            |                  | <p>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</p> <p>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</p> |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Shaker Properties Inc

**Employer identification number**  
22-3119822

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>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.)

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> | Yes |    |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> | Yes |    |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> | Yes |    |
| <b>1p</b> |     | No |
| <b>1q</b> | Yes |    |
| <b>1r</b> |     | 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)<br>Name of other organization   | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|------------------------------|------------------------|--|
| <b>(1)</b> Northeast Health Inc     | Q                            | 50,000                 | FMV  |
| <b>(2)</b> Albany Memorial Hospital | I                            | 81,088                 | Square footage                               |
| <b>(3)</b>                          |                              |                        |  |
| <b>(4)</b>                          |                              |                        |  |
| <b>(5)</b>                          |                              |                        |  |
| <b>(6)</b>                          |                              |                        |  |



**Part VII Supplemental Information**

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

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

**Software ID:**  
**Software Version:**  
**EIN:** 22-3119822  
**Name:** Shaker Properties Inc

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary Activity                                     | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if 501(c)(3)) | (f)<br>Direct Controlling Entity | (g)<br>Section 512 (b)(13) controlled organization |  |
|---|---|--|----------------------------|---|----------------------------------|--|--|
| Catholic Health East<br>3805 West Chester Pike Suite 100<br>Newtown Square, PA 19073<br>23-2929748                        | Management Services   | PA   | 501(c)(3)                  | Line 11a, I                                 | N/A                              | Yes  |  |
| Continuing Care Management Services Network<br>3805 West Chester Pike Suite 100<br>Newtown Square, PA 19073<br>35-2336834 | Management & Support Services                               | PA   | 501(c)(3)                  | Line 11b, II                                | Catholic Health East             | Yes  |  |
| Mercy Health System of Maine<br>144 State Street<br>Portland, MA 04101<br>01-0484074                                      | Management & Support Services                               | ME   | 501(c)(3)                  | Line 11c, III-FI                            | Catholic Health East             | Yes  |  |
| Mercy Hospital<br>144 State Street<br>Portland, MA 04101<br>01-0211534  | Hospital  | ME   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Maine     | Yes  |  |
| St Peter's Health Partners<br>315 South Manning Blvd<br>Albany, NY 12208<br>45-3570715                                    | Management & Support Services                               | NY   | 501(c)(3)                  | Line 11b, II                                | Catholic Health East             | Yes  |  |
| St Peter's Health Care Services<br>315 South Manning Blvd<br>Albany, NY 12208<br>22-2702507                               | Management & Support Services                               | NY   | 501(c)(3)                  | Line 9                                      | St Peter's Health Partners       | Yes  |  |
| St Peter's Hospital<br>315 South Manning Blvd<br>Albany, NY 12208<br>14-1348692   | Hospital  | NY   | 501(c)(3)                  | Line 3                                      | St Peter's Health Care Services  | Yes  |  |
| St Peter's Hospital Foundation Inc<br>319 South Manning Blvd Suite 309<br>Albany, NY 12208<br>22-2262982                  | Fundraising & Public Relations                              | NY   | 501(c)(3)                  | Line 7                                      | St Peter's Health Care Services  | Yes  |  |
| Eddy Licensed Home Care Agency<br>433 River St Suite 3000<br>Troy, NY 12180<br>14-1818568                                 | Home Health   | NY   | 501(c)(3)                  | Line 3                                      | LTC (Eddy) Inc                   | Yes  |  |
| The Community Hospice Foundation Inc<br>295 Valley View Blvd<br>Rensselaer, NY 12144<br>22-2692940                        | Fundraising & Public Relations                              | NY   | 501(c)(3)                  | Line 7                                      | The Community Hospice Inc        | Yes  |  |
| The Community Hospice Inc<br>295 Valley View Blvd<br>Rensselaer, NY 12144<br>14-1608921                                   | Serving seriously ill people & their families               | NY   | 501(c)(3)                  | Line 3                                      | St Peter's Health Care Services  | Yes  |  |
| Villa Mary Immaculate<br>301 Hackett Blvd<br>Albany, NY 12208<br>14-1438749   | Nursing Home & Physical Rehab                               | NY   | 501(c)(3)                  | Line 3                                      | St Peter's Hospital              | Yes  |  |
| Warde Service Corporation Inc<br>159 Wolf Road 3rd Floor<br>Albany, NY 12205<br>14-1732097                                | Supporting & strengthening the ministries of relief & mercy | NY   | 501(c)(3)                  | Line 9                                      | St Peter's Health Care Services  | Yes  |  |
| Mercy Care for Kids Inc<br>310 South Manning Blvd<br>Albany, NY 12208<br>14-1717564                                       | Day care center   | NY   | 501(c)(3)                  | Line 9                                      | St Peter's Health Care Services  | Yes  |  |
| Our Lady of Mercy Life Center<br>2 Mercycare Lane<br>Guilderland, NY 12084<br>14-1743506                                  | Nursing Home Facility                                       | NY   | 501(c)(3)                  | Line 3                                      | St Peter's Health Care Services  | Yes  |  |
| St Peter's Auxiliary<br>315 South Manning Blvd<br>Albany, NY 01228<br>22-2843206  | Auxiliary   | NY   | 501(c)(3)                  | Line 11a, I                                 | St Peter's Health Care Services  | Yes  |  |
| Memorial Hospital Albany NY<br>600 Northern Blvd<br>Albany, NY 12204<br>14-1338457  | General Hospital  | NY   | 501(c)(3)                  | Line 3                                      | Northeast Health Inc             | Yes  |  |
| Beechwood Inc<br>2212 Burdett Ave<br>Troy, NY 12180<br>14-1651563   | Real estate holding   | NY   | 501(c)(2)                  | N/A   | LTC (Eddy) Inc                   | Yes  |  |
| Beverwyck Inc<br>40 Autumn Drive<br>Slingerlands, NY 12159<br>14-1717028  | Independent/Assisted Living Retirement Community            | NY   | 501(c)(3)                  | Line 9                                      | LTC (Eddy) Inc                   | Yes  |  |
| Capital Region Geriatric Center Inc<br>421 West Columbia St<br>Cohoes, NY 12047<br>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)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary Activity                                | (c)<br>Legal<br>Domicile<br>(State<br>or Foreign<br>Country) | (d)<br>Exempt<br>Code<br>section | (e)<br>Public<br>charity<br>status<br>(if 501(c)<br>(3)) | (f)<br>Direct<br>Controlling<br>Entity            | g<br>Section 512<br>(b)(13)<br>controlled<br>organization |  |
|--|--|--|----------------------------------|--|---|---|--|
| Senior Care Connection Inc<br><br>504 State St<br>Schenectady, NY 12305<br>14-1708754                                | PACE Program   | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| Glen Eddy Inc<br><br>One Glen Eddy Drive<br>Niskayuna, NY 12309<br>14-1794150  | Independent/Assisted<br>Living Community               | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| Hawthorne Ridge Inc<br><br>30 Community Way<br>East Greenbush, NY 12061<br>80-0102840                                | Independent/Assisted<br>Living Retirement<br>Community | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| Heritage House Nursing Center Inc<br><br>2920 Tibbits Ave<br>Troy, NY 12180<br>14-1725101                            | Nursing home   | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| Home Aid Service of Eastern New York<br>Inc<br><br>433 River St Suite 3000<br>Troy, NY 12180<br>14-1514867           | Home care  | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| James A Eddy Memorial Geriatric<br>Center Inc<br><br>2256 Burdett Ave<br>Troy, NY 12180<br>22-2570478                | Nursing home   | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| LTC (Eddy) Inc<br><br>2212 Burdett Ave<br>Troy, NY 12180<br>22-2564710   | Elderly health/housing<br>supporting org               | NY   | 501(c)<br>(3)                    | Line 11a, I  | Northeast<br>Health Inc                           | Yes   |  |
| The Marjorie Doyle Rockwell Center<br>Inc<br><br>421 West Columbia St<br>Cohoes, NY 12047<br>14-1793885              | Adult Home/Alzheimers                                  | NY   | 501(c)<br>(3)                    | Line 9   | LTC (Eddy) Inc                                    | Yes   |  |
| Samaritan Hospital of Troy New York<br><br>2215 Burdett Ave<br>Troy, NY 12180<br>14-1338544                          | General hospital                                       | NY   | 501(c)<br>(3)                    | Line 3   | Northeast<br>Health Inc                           | Yes   |  |
| Sunnyview Hospital & Rehabilitation<br>Ctr<br><br>1270 Belmont Ave<br>Schenectady, NY 12308<br>14-1338386            | Rehabilitation hospital                                | NY   | 501(c)<br>(3)                    | Line 3   | LTC (Eddy) Inc                                    | Yes   |  |
| Empire Home Infusion Service Inc<br><br>10 Blacksmith Drive<br>Malta, NY 12020<br>14-1795732                         | Home care  | NY   | 501(c)<br>(3)                    | Line 9   | Home Aid<br>Service of<br>Eastern New<br>York Inc | Yes   |  |
| Samaritan Child Care Center Inc<br><br>2213 Burdett Ave<br>Troy, NY 12180<br>14-1710225                              | Child day care   | NY   | 501(c)<br>(3)                    | Line 9   | Northeast<br>Health Inc                           | Yes   |  |
| The Northeast Health Foundation Inc<br><br>2224 Burdett Ave<br>Troy, NY 12180<br>22-2743478                          | Supporting foundation                                  | NY   | 501(c)<br>(3)                    | Line 7   | Northeast<br>Health Inc                           | Yes   |  |
| Northeast Health Inc<br><br>2212 Burdett Ave<br>Troy, NY 12180<br>04-2450756   | Supporting Organization                                | NY   | 501(c)<br>(3)                    | Line 11b, II   | St Peter's<br>Health<br>Partners                  | Yes   |  |
| Seton Health System Inc<br><br>1300 Massachusetts Avenue<br>Troy, NY 12180<br>14-1776186                             | Hospital   | NY   | 501(c)<br>(3)                    | Line 3   | St Peter's<br>Health<br>Partners                  | Yes   |  |
| Seton Auxiliary Inc<br><br>1300 Massachusetts Avenue<br>Troy, NY 12180<br>14-1505031                                 | Supporting Organization                                | NY   | 501(c)<br>(3)                    | Line 9   | Seton Health<br>System Inc                        | Yes   |  |
| Seton Health at Schuyler Ridge<br>Residential Healthcare<br><br>1 Abele Blvd<br>Clifton Park, NY 12065<br>14-1756230 | Skilled Nursing  | NY   | 501(c)<br>(3)                    | Line 9   | Seton Health<br>System Inc                        | Yes   |  |
| Seton Health Foundation<br><br>1300 Massachusetts Avenue<br>Troy, NY 12180<br>22-2345416                             | Supporting Organization                                | NY   | 501(c)<br>(3)                    | Line 11a, I  | Seton Health<br>System Inc                        | Yes   |  |
| Seton Licensed Home Care Inc<br><br>1300 Massachusetts Avenue<br>Troy, NY 12180<br>14-1809134                        | Licensed Home Health<br>Agency                         | NY   | 501(c)<br>(3)                    | Line 3   | Seton Health<br>System Inc                        | Yes   |  |
| Vincentian Health Services<br><br>1300 Massachusetts Avenue<br>Troy, NY 12180<br>14-1685163                          | Discontinued Operations                                | NY   | 501(c)<br>(3)                    | Line 11a, I  | Seton Health<br>System Inc                        | Yes   |  |

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

| <b>(a)</b><br>Name, address, and EIN of related organization  | <b>(b)</b><br>Primary Activity | <b>(c)</b><br>Legal Domicile (State or Foreign Country) | <b>(d)</b><br>Exempt Code section | <b>(e)</b><br>Public charity status (if 501(c)(3)) | <b>(f)</b><br>Direct Controlling Entity | <b>(g)</b><br>Section 512 (b)(13) controlled organization |  |
|---|--------------------------------|---|-----------------------------------|--|---|---|--|
| St Mary's Woodland Village Inc<br>1300 Massachusetts Avenue<br>Troy, NY 12180<br>14-1675183                       | Discontinued Operations        | NY  | 501(c)(3)                         | Line 9   | Seton Health System Inc                 | Yes   |  |
| Brightside Inc<br>c/o SPHS 1221 Main Street Suite 108<br>Holyoke, MA 01040<br>04-2182395                          | Behavioral Care                | MA  | 501(c)(3)                         | Line 9   | Sisters of Providence Health System Inc | Yes   |  |
| Farren Care Center Inc<br>c/o SPHS 1221 Main Street Suite 108<br>Holyoke, MA 01040<br>04-2501711                  | Long Term Care                 | MA  | 501(c)(3)                         | Line 3   | Sisters of Providence Health System Inc | Yes   |  |
| Mercy Hospital Inc<br>c/o SPHS 1221 Main Street Suite 108<br>Holyoke, MA 01040<br>04-3398280                      | Acute Care                     | MA  | 501(c)(3)                         | Line 3   | Sisters of Providence Health System Inc | Yes   |  |
| Mercy Specialist Physicians Inc<br>c/o SPHS 1221 Main Street No 108<br>Holyoke, MA 01040<br>26-4033168            | Neurosurgery Medical Services  | MA  | 501(c)(3)                         | Line 3   | Sisters of Providence Health System Inc | Yes   |  |
| Sisters of Providence Care Centers Inc<br>c/o SPHS 1221 Main Street Suite 108<br>Holyoke, MA 01040<br>22-2541103  | Long Term Care                 | MA  | 501(c)(3)                         | Line 3   | Sisters of Providence Health System Inc | Yes   |  |
| Sisters of Providence Health System Inc<br>c/o SPHS 1221 Main Street Suite 108<br>Holyoke, MA 01040<br>04-3398374 | Management & Support Services  | MA  | 501(c)(3)                         | Line 11a, I  | Catholic Health East                    | Yes   |  |
| McAuley Center Inc<br>275 Steele Road<br>West Hartford, CT 06117<br>06-1058086                                    | Independent Living             | CT  | 501(c)(3)                         | Line 9   | Mercy Community Health Inc              | Yes   |  |
| Mercy Community Health Inc<br>2021 Albany Avenue<br>West Hartford, CT 06117<br>06-1492707                         | Management & Support Services  | CT  | 501(c)(3)                         | Line 11a, I  | Catholic Health East                    | Yes   |  |
| Mercy Community HomeCare Services<br>2021 Albany Avenue<br>West Hartford, CT 06117<br>06-1488137                  | In Home Health Care            | CT  | 501(c)(3)                         | Line 9   | Mercy Community Health Inc              | Yes   |  |
| Mercy Services<br>2021 Albany Avenue<br>West Hartford, CT 06117<br>06-1453323                                     | Support Services               | CT  | 501(c)(3)                         | Line 1   | Mercy Community Health Inc              | Yes   |  |
| Mercyknoll Inc<br>2021 Albany Avenue<br>West Hartford, CT 06117<br>06-0757380                                     | Skilled Nursing                | CT  | 501(c)(3)                         | Line 3   | Mercy Community Health Inc              | Yes   |  |
| Saint Mary Home II Inc<br>2021 Albany Avenue<br>West Hartford, CT 06117<br>06-1164104                             | Elderly Care                   | CT  | 501(c)(3)                         | Line 3   | Mercy Community Health Inc              | Yes   |  |
| St Mary Home Incorporated<br>2021 Albany Avenue<br>West Hartford, CT 06117<br>06-0646843                          | Skilled Nursing                | CT  | 501(c)(3)                         | Line 3   | Mercy Community Health Inc              | Yes   |  |
| Mercy Healthcare Center<br>114 Wawbeek Avenue<br>Tupper Lake, NY 12986<br>15-0532211                              | Hospital                       | NY  | 501(c)(3)                         | Line 3   | Catholic Health East                    | Yes   |  |
| Mercy Uihlein Health Corporation<br>185 Old Military Road<br>Lake Placid, NY 12946<br>16-1535133                  | Hospital                       | NY  | 501(c)(3)                         | Line 11b, II                                       | Mercy Healthcare Center                 | Yes   |  |
| Uihlein Mercy Center<br>185 Old Military Road<br>Lake Placid, NY 12946<br>15-0532190                              | Hospital                       | NY  | 501(c)(3)                         | Line 3   | Mercy Healthcare Center                 | Yes   |  |
| St James Mercy Foundation Inc<br>411 Canisteo Street<br>Hornell, NY 14843<br>16-1486437                           | Foundation                     | NY  | 501(c)(3)                         | Line 7   | St James Mercy Health System Inc        | Yes   |  |
| St James Mercy Health System Inc<br>411 Canisteo Street<br>Hornell, NY 14843<br>22-3127184                        | Management & Support Services  | NY  | 501(c)(3)                         | Line 11b, II                                       | Catholic Health East                    | Yes   |  |
| St James Mercy Hospital<br>411 Canisteo Street<br>Hornell, NY 14843<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary Activity          | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if 501(c)(3)) | (f)<br>Direct Controlling Entity                 | (g)<br>Section 512 (b)(13) controlled organization |  |
|---|----------------------------------|--|----------------------------|---|--|--|--|
| Marian Community Hospital<br>100 Lincoln Avenue<br>Carbondale, PA 18407<br>24-0711230                     | Hospital                         | PA   | 501(c)(3)                  | Line 3                                      | Maxis Health System                              | Yes  |  |
| Marian Community Hospital Auxiliary<br>100 Lincoln Avenue<br>Carbondale, PA 18407<br>25-1874733           | Fundraising                      | PA   | 501(c)(3)                  | Line 11b, II                                | Maxis Health System                              | Yes  |  |
| Maxis Foundation<br>100 Lincoln Avenue<br>Carbondale, PA 18407<br>23-2330090                              | Fundraising                      | PA   | 501(c)(3)                  | Line 11b, II                                | Maxis Health System                              | Yes  |  |
| Maxis Health System<br>100 Lincoln Avenue<br>Carbondale, PA 18407<br>91-1940902                           | Health Care System               | PA   | 501(c)(3)                  | Line 11b, II                                | Catholic Health East                             | Yes  |  |
| Maxis Medical Services<br>100 Lincoln Avenue<br>Carbondale, PA 18407<br>23-2577185                        | Physician Practices              | PA   | 501(c)(3)                  | Line 3                                      | Maxis Health System                              | Yes  |  |
| Tri-County Human Services Center Inc<br>PO Box 517<br>Carbondale, PA 18407<br>23-1938528                  | Behavioral Health Organization   | PA   | 501(c)(3)                  | Line 7                                      | Maxis Health System                              | Yes  |  |
| Columbus Acquisition Corp<br>1160 Raymond Boulevard<br>Newark, NJ 07102<br>26-2616342                     | Inactive Entity                  | NJ   | 501(c)(3)                  | Line 9                                      | Saint Michaels Medical Center                    | Yes  |  |
| Saint Michaels Medical Center<br>111 Central Avenue<br>Newark, NJ 07102<br>26-2616046                     | Hospital                         | NJ   | 501(c)(3)                  | Line 3                                      | Catholic Health East                             | Yes  |  |
| St James Care Inc<br>1160 Raymond Boulevard<br>Newark, NJ 07102<br>26-2616230                             | Inactive Entity                  | NJ   | 501(c)(3)                  | Line 9                                      | Saint Michaels Medical Center                    | Yes  |  |
| St Michaels Medical Center Foundation<br>1160 Raymond Boulevard<br>Newark, NJ 07102<br>22-3311976         | Foundation                       | NJ   | 501(c)(3)                  | Line 11a, I                                 | Saint Michaels Medical Center                    | Yes  |  |
| University Heights Property Company Inc<br>1160 Raymond Boulevard<br>Newark, NJ 07102<br>22-3100162       | Medical Property Holding Company | NJ   | 501(c)(2)                  | N/A   | Saint Michaels Medical Center                    | Yes  |  |
| Life St Francis Corporation<br>601 Hamilton Avenue<br>Trenton, NJ 08629<br>22-2797282                     | Health Services                  | NJ   | 501(c)(3)                  | Line 11a, I                                 | St Francis Medical Center Trenton NJ             | Yes  |  |
| St Francis Medical Center Foundation NJ<br>601 Hamilton Avenue<br>Trenton, NJ 08629<br>52-1025476         | Foundation                       | NJ   | 501(c)(3)                  | Line 11a, I                                 | St Francis Medical Center Trenton NJ             | Yes  |  |
| St Francis Medical Center Trenton NJ<br>601 Hamilton Avenue<br>Trenton, NJ 08629<br>22-3431049            | Hospital                         | NJ   | 501(c)(3)                  | Line 3                                      | Catholic Health East                             | Yes  |  |
| Langhorne MRI Inc<br>1201 Langhorne-Newtown Road<br>Langhorne, PA 19047<br>23-2519529                     | Inactive Entity                  | PA   | 501(c)(3)                  | Line 9                                      | St Mary Medical Center                           | Yes  |  |
| Langhorne Physician Services Inc<br>1201 Langhorne-Newtown Road<br>Langhorne, PA 19047<br>23-2571699      | Physician Services               | PA   | 501(c)(3)                  | Line 9                                      | St Mary Medical Center                           | Yes  |  |
| LIFE St Mary<br>1201 Langhorne-Newtown Road<br>Langhorne, PA 19047<br>26-2976184                          | Elderly Care                     | PA   | 501(c)(3)                  | Line 9                                      | St Mary Medical Center                           | Yes  |  |
| St Mary Medical Center<br>1201 Langhorne-Newtown Road<br>Langhorne, PA 19047<br>23-1913910                | Hospital                         | PA   | 501(c)(3)                  | Line 3                                      | Catholic Health East                             | Yes  |  |
| St Mary Medical Center Foundation Inc<br>1201 Langhorne-Newtown Road<br>Langhorne, PA 19047<br>23-2567468 | Foundation                       | PA   | 501(c)(3)                  | Line 7                                      | St Mary Medical Center                           | Yes  |  |
| East Norriton Physician Services<br>c/o One West Elm Street<br>Conshohocken, PA 19428<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary Activity       | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if 501(c)(3)) | (f)<br>Direct Controlling Entity                 | (g)<br>Section 512 (b)(13) controlled organization |  |
|---|-------------------------------|--|----------------------------|---|--|--|--|
| Mercy Catholic Medical Center of Southeastern Pennsylvania<br><br>One West Elm Street<br>Conshohocken, PA 19428<br>23-1352191   | Acute Care Hospital           | PA   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Family Support<br><br>1001 Baltimore Pike Suite 301<br>Springfield, PA 19064<br>23-2325059                                | Home Health                   | PA   | 501(c)(3)                  | Line 9                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Health Foundation of Southeastern Pennsylvania<br><br>c/o MHS One West Elm Street<br>Conshohocken, PA 19428<br>23-2829864 | Fundraising                   | PA   | 501(c)(3)                  | Line 11b, II                                | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Health Plan<br><br>c/o One West Elm Street<br>Conshohocken, PA 19428<br>22-2483605  | Health Plans                  | PA   | 501(c)(3)                  | Line 11b, II                                | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Health System of Southeastern Pennsylvania<br><br>One West Elm Street<br>Conshohocken, PA 19428<br>23-2212638             | Management & Support Services | PA   | 501(c)(3)                  | Line 11b, II                                | Catholic Health East                             | Yes  |  |
| Mercy Home Health<br><br>1001 Baltimore Pike Suite 310<br>Springfield, PA 19064<br>23-1352099                                   | Home Health                   | PA   | 501(c)(3)                  | Line 9                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Home Health Services<br><br>1001 Baltimore Pike Suite 301<br>Springfield, PA 19064<br>23-2325058                          | Home Health                   | PA   | 501(c)(3)                  | Line 11b, II                                | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Management of Southeastern Pennsylvania<br><br>One West Elm Street<br>Conshohocken, PA 19428<br>23-2627944                | Physician Practices           | PA   | 501(c)(3)                  | Line 11b, II                                | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Mercy Suburban Hospital<br><br>One West Elm Street<br>Conshohocken, PA 19428<br>23-1396763                                      | Acute Care Hospital           | PA   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Nazareth Health Care Foundation<br><br>2701 Holme Avenue<br>Philadelphia, PA 19152<br>23-2300951                                | Fundraising                   | PA   | 501(c)(3)                  | Line 11b, II                                | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Nazareth Hospital<br><br>2601 Holme Avenue<br>Philadelphia, PA 19152<br>23-2794121  | Acute Care Hospital           | PA   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Nazareth Physician Services Inc<br><br>2601 Holme Avenue<br>Philadelphia, PA 19152<br>20-3261266                                | Physician Practices           | PA   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| NE Physician Services<br><br>2601 Holme Avenue<br>Philadelphia, PA 19152<br>23-2497355  | Physician Practices           | PA   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| St Agnes Continuing Care Center<br><br>1900 S Broad Street<br>Philadelphia, PA 19145<br>23-2840137                              | Continuing Care Services      | PA   | 501(c)(3)                  | Line 3                                      | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| St Agnes Continuing Care Center Foundation<br><br>1900 S Broad Street<br>Philadelphia, PA 19145<br>23-2415137                   | Fundraising                   | PA   | 501(c)(3)                  | Line 11b, II                                | Mercy Health System of Southeastern Pennsylvania | Yes  |  |
| Life at Lourdes Inc<br><br>1600 Haddon Avenue<br>Camden, NJ 08108<br>26-1854750   | Elderly Care                  | NJ   | 501(c)(3)                  | Line 3                                      | Our Lady of Lourdes Health Care Services         | Yes  |  |
| Lourdes Ancillary Services<br><br>1600 Haddon Avenue<br>Camden, NJ 08103<br>22-2568525  | Supporting Organization       | NJ   | 501(c)(3)                  | Line 11b, II                                | Our Lady of Lourdes Health Care Services         | Yes  |  |
| Lourdes Dialysis at Innova Inc<br><br>1600 Haddon Avenue<br>Camden, NJ 08108<br>26-3237625                                      | Hospital                      | NJ   | 501(c)(3)                  | Line 3                                      | Our Lady of Lourdes Health Care Services         | Yes  |  |
| Lourdes Medical Center Burlington County<br><br>218 Sunset Road<br>Willingboro, NJ 08046<br>22-3612265                          | Hospital                      | NJ   | 501(c)(3)                  | Line 3                                      | Our Lady of Lourdes Health Care Services         | Yes  |  |
| Our Lady of Lourdes Health Care Services<br><br>1600 Haddon Avenue<br>Camden, NJ 08103<br>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**

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

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





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

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

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-3119822  
**Name:** Shaker Properties Inc

**Form 990, Special Condition Description:**

**Special Condition Description**

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>Board Member                      | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Boyle Steven<br>Board Member, CEO                   | 2 00                          | X                                      |                       | X       |              |                              | 0      | 869,274  | 15,412  |   |
| Bristol Bob<br>Board Member                         | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Bylancik Robert J<br>Board Member                   | 2 00                          | X                                      |                       |         |              |                              | 0      | 50,000   | 0   |   |
| Cartwright Mark<br>Board Member                     | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Costantino Jo-Ann<br>EVP, NEH/CEO of the Eddy       | 2 00                          | X                                      |                       | X       |              |                              | 0      | 368,616  | 19,523  |   |
| Cottrell Barbara<br>Board Member                    | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Dake Susan<br>Board Member                          | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Dascher Norman Jr<br>EVP, NEH/CEO, Patient Care Div | 2 00                          | X                                      |                       | X       |              |                              | 0      | 372,840  | 23,209  |   |
| DiSarro Ann<br>Board Member                         | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Doyle Rev Kenneth<br>Board Member                   | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Filippone John MD<br>Board Member                   | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Foley William J PhD<br>Board Member                 | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Fortune Robert<br>Board Member                      | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Goldberg Alan<br>Board Member                       | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Gordon Harold Esq<br>2nd Vice Chair                 | 4 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Guzior Ronald L<br>Board Member                     | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Hearst George III<br>Board Member                   | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Herbert Sr Phyllis<br>Board Member                  | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Johnson Robert W III Esq<br>Co-Chair                | 4 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Jones Sydney Tucker III<br>Co-Chair                 | 4 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Joyce Eileen MD<br>Board Member                     | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Karpiak Beverly<br>Board Member                     | 2 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Keegan Michael<br>Treasurer                         | 4 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Lang John M<br>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)<br>Name and Title                      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>Board Member              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Natwin Sr Kathleen<br>Board Member         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Nowak Thomas<br>Board Member               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Opalka Chester<br>Board Member             | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Oster Russell<br>Board Member              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Philip George<br>1st Vice Chair            | 4 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| Powell Curtis<br>Board Member              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Puleo James H MD<br>Board Member           | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Puleo James V MD<br>Board Member           | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 6,250   | 0   |
| Reed James K MD<br>Board Member, President | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 815,276   | 37,728  |
| Robinson Harry Esq<br>Board Member         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Rosenberg Stuart MD<br>Board Member        | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Sanders Alan MD<br>Board Member            | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Slavin James MD<br>Board Member            | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Somerville Sr Jane<br>Board Member         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Tartaglia Anthony P MD<br>Secretary        | 4 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| Thorn Lisa MD<br>Board Member              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 38,625  | 0   |
| Turley Sr Kathleen<br>Board Member         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Tyrrell Thomas<br>Board Member             | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Gavin James<br>CFO                         | 2 00                          |  |                       | X       |              |                              |        | 0  | 394,647   | 129,780   |
| Lori Santos<br>CFO                         | 2 00                          |  |                       | X       |              |                              |        | 0  | 224,175   | 8,635   |
| Schuhle Thomas<br>CFO                      | 2 00                          |  |                       | X       |              |                              |        | 0  | 323,320   | 29,892  |