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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
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A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Satellite Healthcare Inc Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 300 Santana Row Suite 300 City or town, state or country, and ZIP + 4 San Jose, CA 95128	D Employer identification number 23-7290564
		E Telephone number (650) 404-3600
		G Gross receipts \$ 215,137,816
	F Name and address of principal officer mark burke 300 santana row suite 300 san jose, CA 95128	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶	
J Website: ▶ www.satellitehealth.com		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1973
		M State of legal domicile CA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SINCE 1973, THE MISSION HAS BEEN TO MAKE LIFE BETTER FOR THOSE LIVING WITH KIDNEY DISEASE BY SUPPORTING RESEARCH, PROVIDING EDUCATION, AND ENSURING ACCESS TO CARE FOR ALL PATIENTS WITH KIDNEY DISEASE 		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,456
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,957,240
	b Net unrelated business taxable income from Form 990-T, line 34	7b	3,018,165
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	1,100
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,149,446	170,747,335
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,042,551	10,110,204
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,964,832	6,128,747
		175,156,829	186,987,386
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,194,523	3,063,724
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,999,319	71,709,526
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	76,319,778	77,395,964
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	143,513,620	152,169,214
	19 Revenue less expenses Subtract line 18 from line 12	31,643,209	34,818,172
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	275,414,807	286,342,702
	21 Total liabilities (Part X, line 26)	39,453,933	33,610,248
	22 Net assets or fund balances Subtract line 21 from line 20	235,960,874	252,732,454

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		2012-11-06 Date	
	susan del bene CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 55 Second Street 1400 San Francisco, CA 94105		EIN ▶
			Phone no ▶ (415) 963-5100	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

SINCE 1973, THE MISSION HAS BEEN TO MAKE LIFE BETTER FOR THOSE LIVING WITH KIDNEY DISEASE BY SUPPORTING RESEARCH, PROVIDING EDUCATION, AND ENSURING ACCESS TO CARE FOR ALL PATIENTS WITH KIDNEY DISEASE

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 \$ 112,596,647 including grants of \$) (Revenue \$ 166,760,162)

Kidney Dialysis In-Center Chronic Kidney Disease ("CKD") is a public health problem in the United States that impacts approximately 26 million Americans. It is well known that hypertension and diabetes are two leading causes of kidney failure. The 2011 United States Renal Data System Report shows that of the 571,414 Americans who live with End Stage Renal Disease ("ESRD"), over 390,000 are treated by dialysis. Satellite Healthcare owns and operates over 50 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (WellBound) providing a variety of treatment options to our patients. In 2011, Satellite Healthcare provided over 890,000 dialysis treatments and services to over 4,800 patients in California, Texas, Indiana, Illinois, New Jersey, and Maryland. Peritoneal Dialysis and Home Hemo Center WellBound, a Satellite Healthcare company, is the first healthcare services company to specialize in the delivery and support of daily home dialysis therapies through free-standing, patient-friendly Centers of Excellence. Our unique care model is built on the premise that early-stage patient education is the first step in an effective treatment program. As such, we dedicate significant resources to reaching patients before they require dialysis. Once dialysis is required, WellBound's goal is to enable nephrologists to easily offer self-care (home) dialysis therapies to their patients. We strive to empower patients to take charge of their health and experience the clinical and quality of life benefits associated with self-care dialysis. See also Community Benefit Report information contained in Schedule O.

4b

(Code) (Expenses \$ 1,710,469 including grants of \$) (Revenue \$)

The Satellite Healthcare, Inc. Financial Assistance program is committed in helping low-income uninsured and underinsured individuals with kidney disease to provide them with the highest quality of life through clinical services. The Satellite Healthcare, Inc. Financial assistance program provides means to demonstrate our commitment to achieving our mission.

4c

(Code) (Expenses \$ 1,647,318 including grants of \$) (Revenue \$ 108,833)

Research. Satellite Research is conducting research in various areas directly applicable to the care of patients with ESRD. Three major areas have been chosen: 1. Cardio Vascular Disease (CVD) is the major cause of death in patients with CKD. Therefore much emphasis is focused on improving cardiovascular mortality in this patient population. Satellite Research is conducting a longitudinal study of cardiovascular biomarkers in patients undergoing hemodialysis (HD) and peritoneal dialysis (PD) to evaluate their potential in managing the risk factors in this high-risk population. 2. Home hemodialysis (HHD) is emerging as a new alternative to providing renal replacement therapy in this growing patient population. Satellite is conducting studies with newly available home hemodialysis therapies and technologies, which allow patients to be independently treated at home. 3. CKD is addressed through our WellBound centers, targeting early stage IV - CKD education in an effort to delay the onset of ESRD and improve the health literacy related to treatment modality selection. See also Community Benefit Report information contained in Schedule O.

(Code) (Expenses \$ 3,063,724 including grants of \$ 3,063,724) (Revenue \$ 0)

Grants

4d

Other program services (Describe in Schedule O)

(Expenses \$ 3,063,724 including grants of \$ 3,063,724) (Revenue \$ 0)

4e

Total program service expenses \$ 119,018,158

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	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>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	204		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,456		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed **CA**

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. **HARITA BAJAJ**
300 SANTANA ROW SUITE 300
san jose, CA 95128
(650) 404-3600

Form 990 (2011)

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of “key employee ”
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK BURKE SECRETARY & CEO	40 0	X		X				943,872	0	33,059
(2) NORMAN COPLON CHAIRMAN EMERITUS	40 0	X						226,250	0	27,107
(3) BRADFORD JEFFERIES CHAIRMAN	1 0	X		X				105,000	0	0
(4) JOSEPH SKOKAN DIRECTOR	1 0	X						34,500	0	0
(5) WILLIAM J LONG DIRECTOR	1 0	X						45,000	0	0
(6) THOMAS R WILLIAMS DIRECTOR	1 0	X						40,500	0	0
(7) DANIEL HERLINGER DIRECTOR	1 0	X						45,000	0	0
(8) JOHN PANETTA DIRECTOR	1 0	X						42,000	0	0
(9) GLEN CHERTOW DIRECTOR	1 0	X						45,500	0	0
(10) SUSAN DEL BENE CFO	40 0			X				501,687	0	32,970
(11) BRIGITTE SCHILLER MORAN Chief Medical Officer	40 0			X				492,003	0	33,059
(12) MARC C BRANSON EVP DIALYSIS	40 0				X			560,442	0	33,059
(13) DR LESLIE WONG VP CLINICAL AFFAIRS	40 0				X			369,564	0	19,044
(14) MARIO L BERTUCCI VP OF HUMAN RESOURCES	40 0					X		309,229	0	19,419
(15) ROSEMARY FOX VP DIALYSIS OPERATIONS	40 0					X		467,333	0	30,426
(16) SERGEY MUZA VP OF INFORMATION TECHNOLOGY	40 0					X		328,763	0	25,286
(17) ANN ROBAR VP OF WELLBOUND FACILITIES	40 0					X		304,225	0	30,024

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,860,868	0	283,453

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 107

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITAL NEPHROLOGY ASSOCIATES PO Box 81605 AUSTIN, TX 78708	medical directors	719,107
SIMPSON GARRITY INNES JACUZZI 601 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080	LEGAL SERVICES	357,646
SAN MATEO DIALYSIS ASSOCIATES 328 ESTELLA WAY SAN MATEO, CA 94403	MEDICAL DIRECTORS	297,688
SANTA TERESA PHYSICIANS MEDICAL 777 N FIRST STREET SAN JOSE, CA 95112	MEDICAL DIRECTOR	292,395
PALO ALTO MEDICAL FOUNDATION 2350 W El Camino Real 3rd Floor MOUNTAIN VIEW, CA 94040	MEDICAL DIRECTORS	286,359
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 15		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,100				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			1,100			
Program Service Revenue			Business Code					
	2a	DIALYSIS/ANCILLARY	621400	154,784,551	154,784,551			
	b	CHARITY CARE	621400	-1,710,469	-1,710,469			
	c	JOINT VENTURE DIALYSIS CLINICS	621500	9,163,753	9,163,753			
	d	LABORATORY SERVICES	621500	2,094,291	2,094,291			
	e	LABORATORY SERVICES (ASCEND)	621500	6,415,209	2,536,869	3,878,340		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			170,747,335			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			6,093,910		6,093,910	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			14,068		14,068	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		32,166,724						
		28,150,430						
		4,016,294						
	d	Net gain or (loss)			4,016,294		4,016,294	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . . .			0			
	10a	Gross sales of inventory, less returns and allowances		a				
	b	Less cost of goods sold		b				
	c	Net income or (loss) from sales of inventory . . .			0			
Miscellaneous Revenue		Business Code						
11a	MANAGEMENT FEES FROM RELATED ENTITIES	900099	6,539,253				6,539,253	
b	INCOME (LOSS) FROM INVESTMENT K1S	900099	-424,574			78,900	-503,474	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			6,114,679				
12	Total revenue. See Instructions			186,987,386	166,868,995	3,957,240	16,160,051	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,013,724	3,013,724		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	50,000	50,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,104,553	79,722	3,024,831	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	47,316,659	37,146,618	10,170,041	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,558,460	1,076,643	481,817	
9	Other employee benefits	15,555,169	10,753,642	4,801,527	
10	Payroll taxes	4,174,685	3,297,535	877,150	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,068,763		1,068,763	
c	Accounting	133,533	850	132,683	
d	Lobbying	50,800		50,800	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	9,059,295	7,155,541	1,903,754	
12	Advertising and promotion	1,001,948	3,517	998,431	
13	Office expenses	1,002,322	587,065	415,257	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,201,552	7,835,320	366,232	
17	Travel	1,205,308	327,127	878,181	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	55,273	7,940	47,333	
20	Interest	195,260		195,260	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,138,645	4,719,474	4,419,171	
23	Insurance	1,222,770	1,086,924	135,846	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL & OTHER SUPPLIES	37,506,720	36,903,925	602,795	
b	BAD DEBT	1,927,116	1,927,116		
c	INCOME TAX	1,441,815	69,960	1,371,855	
d	EQUIPMENT RENTAL & MAINTENANCE	1,215,762	714,095	501,667	
e					
f	All other expenses	2,969,082	2,261,420	707,662	
25	Total functional expenses. Add lines 1 through 24f	152,169,214	119,018,158	33,151,056	0
26	Joint costs. 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
Assets	1	Cash—non-interest-bearing			20,492,319	1	20,150,499
	2	Savings and temporary cash investments			23,061,350	2	26,412,625
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			20,851,444	4	23,736,235
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			250,000	5	200,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			1,394,541	8	1,172,951
	9	Prepaid expenses and deferred charges			1,780,600	9	2,728,777
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	94,077,893			
	b	Less: accumulated depreciation	10b	51,591,623	38,888,250	10c	42,486,270
	11	Investments—publicly traded securities			116,862,957	11	119,354,548
	12	Investments—other securities. See Part IV, line 11			3,329,682	12	2,718,756
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			38,317,290	14	38,169,687
	15	Other assets. See Part IV, line 11			10,186,374	15	9,212,354
	16	Total assets. Add lines 1 through 15 (must equal line 34)			275,414,807	16	286,342,702
Liabilities	17	Accounts payable and accrued expenses			22,537,305	17	21,952,680
	18	Grants payable			500,000	18	500,000
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			15,084,755	23	10,000,008
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,331,873	25	1,157,560
	26	Total liabilities. Add lines 17 through 25			39,453,933	26	33,610,248
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			235,960,874	27	252,732,454
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			235,960,874	33	252,732,454
	34	Total liabilities and net assets/fund balances			275,414,807	34	286,342,702

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	186,987,386
2	Total expenses (must equal Part IX, column (A), line 25)	2	152,169,214
3	Revenue less expenses Subtract line 2 from line 1	3	34,818,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	235,960,874
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,046,592
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	252,732,454

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization Satellite Healthcare Inc	Employer identification number 23-7290564
--	--

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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






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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation
Satellite Healthcare Inc (SHI) does not meet the definition of a hospital for the purpose of Schedule H SHI is not required to be licensed, registered, or similarly recognized by the state as a hospital, therefore a Schedule H is not required to be reported

Additional Data

Software ID:
Software Version:
EIN: 23-7290564
Name: Satellite Healthcare Inc

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 3,063,724 including grants of \$ 3,063,724) (Revenue \$ 0) Grants

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Satellite Healthcare Inc	Employer identification number 23-7290564
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file Form 1120-POL for this year?

☐ Yes

☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		50,800
	j Total lines 1c through 1i			50,800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART II-B, LINE 1I		Satellite Healthcare Inc. is a member of various medical associations. Line 1i represents the portion of membership dues allocable to lobbying activities.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

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.

Name of the organization
Satellite Healthcare Inc

Employer identification number
23-7290564

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		12,595,571	6,548,875	6,046,696
c Leasehold improvements		31,068,874	15,872,600	15,196,274
d Equipment		46,488,000	27,422,953	19,065,047
e Other		3,925,448	1,747,195	2,178,253
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				42,486,270

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
ASC 740	Part XIV	The Company has evaluated its current tax positions and has concluded that as of December 31, 2011 and 2010, the Company does not have any significant uncertain tax position for which a reserve would be necessary.

OMB No 1545-0047

Open to Public Inspection

23-7290564

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			North America	REASERCH	50,000	check	0	N/A	N/A

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3

Enter total number of other organizations or entities

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2011

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Satellite Healthcare Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
23-7290564

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Schedule I, part I, line 2		Research grantees are selected by Satellite Healthcare's Scientific Advisory Board. By November 30 of each calendar year, the principal investigator must send 1) a two page abstract summarizing the progress of the funded research, and 2) an updated list of all current and pending support, including specific aims, key personnel, direct and indirect budget costs, and other pertinent information. Continued funding will be contingent upon the Scientific Advisory Board's satisfaction regarding the progress of the funded research and lack of duplication between Satellite research funding and funding from other sources. The final payment will be contingent upon the principal investigator complying with all conditions of the award. Satellite Healthcare Inc. sponsors an Annual Symposium each year. The purpose of this symposium is to provide a forum for researchers supported by the extramural grants program to share their findings with peers and members of the Scientific Advisory Board, and receive constructive feedback, and participate in a free exchange of ideas. To this end, each grant recipient must commit to attend the Annual Symposium in its entirety and incorporate their new findings into a lecture that covers progress in their field of interest. Failure of the Principal investigator or designee to attend the Annual Symposium may result in forfeiture of continued funding.

Software ID:
Software Version:
EIN: 23-7290564
Name: Satellite Healthcare Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY COLLEGE OF PHARMACY AND HEALTH SERVICES106 NEW SCOTLAND AVENUE OB115 ALBANY,NY 12208	14-1423161	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO9500 GILMAN DRIVE MOO634 LA JOLLA,CA 920930634	95-6006144	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA ALKEKE N250 HOUSTON,TX 77030	74-1613878	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER DIVISION OF DANA 517 330 BROOKLINE BOSTON,MA 02215	04-2103881	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITALMRB-4 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(c)(3)	50,000		N/A	N/A	RESEARCH
DUKE UNIVERSITY 2424 ERWIN ROAD STE 1103 HOCK PLAZ DURHAM, NC 27705	56-0532129	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITYSUITE 24-130 LOS ANGELES, CA 90095	58-0566256	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
EMORY UNIVERSITY1639 PEIRCE DR WMB ROOM 338 ATLANTA,GA 30322	58-0566256	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION914 S 8TH ST STE S-406 MINNEAPOLIS, MN 55404	41-1677920	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
UT SOUTHWESTERN MEDICAL CENTER O5323 HARRY HINGS BLVD DALLAS, TX 75390	75-6002868	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY SCHOOL OF MEDICINE780 WELCH ROAD SUITE 106 PALO ALTO, CA 93404	94-6036493	501(c)(3)	50,000	0	N/A	N/A	REASERCH
TRUSTEES OF INDIANA UNIVERSITYPO BOX 66057 NDIANAPOLIS, IN 462666057	35-6001673	501(c)(3)	50,000	0	N/A	N/A	KIDNEY DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE4401 PENN AVE RANGOS RESEARCH BUIL PITTSBURGH, PA 15224	25-0965591	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
UNIVERSITY OF PENNSYLVANIA380 S UNIVERSITY AVE HILL PAVILLIO PHILADELPHIA, PA 19104	75-3061499	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON908 JEFFERSON ST SEATTLE, WA 98104	91-6001537	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
YALE UNIVERSITY SCHOOL OF MEDICINEPO BOX 1873 NEW HAVEN,CT 065208029	06-0646973	501(c)(3)	50,000	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER C/O JOHN DANZIGER 185 PILGRAM ROAD BOSTON, MA 02215	04-2103881	501(c)(3)	50,000	0	N/A	N/A	RESEARCH
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD ROCKVILLE, MD 20852	23-7124261	501(C)(3)	1,945,047	0	N/A	N/A	PATIENT ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY SCHOOL OF MEDICINE2700 SAND HILL ORAD MENLO PARK, CA 94025	94-6036493	501(C)(3)	550,000	0	N/A	N/A	RESEARCH
NATIONAL KIDNEY FOUNDATION131 STEUART ST STE 520 SAN FRANCISCO, CA 94105	94-6130713	501(C)(3)	153,621	0	N/A	N/A	KIDNEY DISEASE

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.

Name of the organization Satellite Healthcare Inc	Employer identification number 23-7290564
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Part I

Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK BURKE	(i) (ii)	458,349 0	396,139 0	89,384 0	14,700 0	18,359 0	976,931 0	0 0
(2) NORMAN COPLON	(i) (ii)	225,014 0	0 0	1,236 0	13,575 0	13,532 0	253,357 0	0 0
(3) MARC C BRANSON	(i) (ii)	302,204 0	237,490 0	20,748 0	14,700 0	18,359 0	593,501 0	0 0
(4) SUSAN DEL BENE	(i) (ii)	250,195 0	214,183 0	37,309 0	14,700 0	18,270 0	534,657 0	0 0
(5) BRIGITTE SCHILLER MORAN	(i) (ii)	311,267 0	168,063 0	12,673 0	14,700 0	18,359 0	525,062 0	0 0
(6) MARIO L BERTUCCI	(i) (ii)	176,804 0	112,885 0	19,540 0	11,815 0	7,604 0	328,648 0	0 0
(7) ROSEMARY FOX	(i) (ii)	253,002 0	185,980 0	28,351 0	14,700 0	15,726 0	497,759 0	0 0
(8) SERGEY MUZA	(i) (ii)	197,311 0	119,849 0	11,603 0	12,267 0	13,019 0	354,049 0	0 0
(9) ANN ROBAR	(i) (ii)	181,741 0	102,712 0	19,772 0	12,374 0	17,650 0	334,249 0	0 0
(10) DR LESLIE WONG	(i) (ii)	257,885 0	100,000 0	11,679 0	0 0	19,044 0	388,608 0	0 0

Part IIISupplemental 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
Phantom Option Plan	Schedule J Question 4c	The company established a Phantom Option Plan under which it awarded phantom stock units to certain members of management for performance resulting in increased value of the company. The award value of the units was determined by the performance of the company in the year prior to a vesting event. The vesting dates for units issued in 2007 are January 1, 2009, 2010, 2011, and 2012, the units vest 25% on each vesting date. In April 2009 the company elected to terminate the phantom option plan. No additional units will be issued, however the 445,370 units awarded in 2007 will continue to be paid out according to the stated vesting schedule. The value of the units that become vested will be recognized as expense upon each of the future vesting dates. Plan participants include Susan Del Bene, Ann Robar, Sergio Fernandez, Mark Burke, Marc Branson, Rosemary Fox, Sergey Muza, and Mario Bertucci. Amounts Paid under the plan were as follows: Mark Burke \$173,428; Marc Branson \$100,289; Susan Del Bene \$100,289; Rosemary Fox \$100,289; Sergey Muza \$52,327; Mario Bertucci \$52,327; Ann Robar \$52,327.

Schedule L
(Form 990 or 990-EZ)

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
Satellite Healthcare Inc

Employer identification number
23-7290564

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Brigitte S Moran		X	250,000	200,000		No	Yes		Yes	
Total ▶	\$ 200,000									

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) -					

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization Satellite Healthcare Inc	Employer identification number 23-7290564
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Identifier	Return Reference	Explanation
PART VI, section B, line 11B		The organization's accounting department worked closely with the outside accounting firm it engaged to prepare the return. The final draft of the Form 990 was reviewed by the Controller, CFO, and the audit committee. A complete copy of the return was provided to the entire voting Board before the return was filed with the Internal Revenue Service.

Identifier	Return Reference	Explanation
PART VI, SECTION B, LINE 12 C		<p>The Satellite Healthcare Board of Directors is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts. Pursuant to the Conflicts of Interest Policy of Satellite Healthcare Inc., an annual conflict of interest disclosure statement, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all covered persons (i.e., board members, officers and executive leadership or key employees). Covered persons are required to disclose real or potential conflicts at the time when such conflicts arise. When someone becomes a covered person and annually thereafter, each covered person is required to sign a statement affirming that he/she (1) has received a copy of the Conflict of Interest Policy, (2) has read the Policy and understands said Policy, and (3) agrees to comply with all requirements of the Policy, including completing the conflicts of interest questionnaire. The completed questionnaires are reviewed by the Satellite Healthcare Board of Directors and any persons with actual or potential conflicts are informed via written communication. The procedures for addressing any conflict of interest includes, but is not limited to, the following: (1) the conflicting interest is fully disclosed to the Board, (2) the interested person responds to factual questions related to the substance of the transaction or arrangement being considered, after which he/she shall leave the meeting, (3) the person with the conflict of interest is excluded from the discussion and approval of such transaction, (4) alternatives to the proposed transaction are investigated, competitive bids or comparable valuations are obtained, (5) any conflicting issues during the course of a Board meeting which cannot be resolved is referred to the Governance Committee, and (6) the transaction or action must be approved by a majority of disinterested persons.</p>

Identifier	Return Reference	Explanation
PART VI, SECTION B, LINE 15		<p>For 2011 compensation, The Board appointed a Compensation Committee, comprised solely of independent directors (none of which have a conflict of interest with respect to the compensation arrangement), to be accountable for setting reasonable compensation packages for each officer or key employee, including the CEO. The Compensation Committee developed, consistent with the organization's philosophy and principles, the annual performance goals and criteria to be used in determining merit increases and variable compensation criteria for officers and key employees. The Compensation Committee also hired a qualified independent compensation and benefits specialist (independent expert) to review, analyze and provide benchmarking data for the total compensation and benefits packages of officers and key employees. Appropriate comparability data was obtained from the independent experts, i.e., total economic benefits paid by similarly situated organizations (both taxable and tax-exempt) for similar job responsibilities. The Committee's written records include the (1) terms of the arrangement with the disqualified person (including the date the arrangement was approved), (2) a list of members present during the debate on the transaction (and how the members voted when it was approved), and (3) a description of the comparable data relied on by the Committee. Key deliberations of the Committee are also documented in minutes which are approved at the next Committee meeting.</p>

Identifier	Return Reference	Explanation
PART VI, SECTION B, LINE 16b		<p>While Satellite Healthcare, Inc. has not adopted a written policy or procedure requiring steps be taken to safeguard its tax-exempt status when entering into Joint Venture agreements, by practice, it only enters into such agreements where 1) Satellite Healthcare, Inc. is the managing partner and 2) specific language has been added to the Joint Venture agreement which states that the Joint Venture will follow Satellite Healthcare, Inc.'s charitable mission and remain in-line with those principals. An example of the typical language used is as follows: Section 1.2 Charitable Purposes. The LLC and the Center shall at all times be operated and managed in a manner that furthers the charitable and community-based healthcare purposes, mission, vision and values of Satellite. The LLC and the Center shall be operated and managed in a manner that (a) provides access to patient care services based on medical necessity, without regard to characteristics such as a person's race, religion, creed, national origin, gender, age, sexual orientation, physical or mental disability, payor source or ability to pay, (b) establish, maintain and communicate its financial assistance policies and procedures for the Center that are consistent with Satellite's policies and procedures, (c) provides access to patient care services to individuals covered by Medicare, Medicaid/Medi-Cal and other federal and state governmental payment programs, and (d) will not, in the reasonable opinion of Satellite, on advice of Satellite's legal and/or tax counsel, cause Satellite to act other than exclusively in furtherance of its tax exempt purposes, adversely affect its exempt status under Section 501(c)(3) of the Code or cause its share of the LLC's income to be taxed as "unrelated business taxable income" within the meaning of Section 511 of the Code.</p>

Identifier	Return Reference	Explanation
Part VI, Section c, line 19		While federal tax laws do not mandate that the organization's governing documents, conflict of interest policy and financial statements be made available for public inspection, the organization makes its financial statements available upon request

Identifier	Return Reference	Explanation
Community Benefit Report		<p>Satellite Healthcare is committed to helping individuals with kidney disease achieve the highest quality of life through clinical services, research and innovation. This Community Benefit Report provides an overview of some programs and activities that allow Satellite Healthcare to meet and exceed our organization's heritage as a not-for-profit dialysis provider whose primary focus is the patient. Corporate Headquarters 300 Santana Row Suite 300 San Jose, CA 95128 650 404 3600 p 800 357 8292 p 650 404 3601 f satellitehealth.com Our mission Making life better for those living with kidney disease Our vision To collaborate with our community partners in achieving clinical excellence and integrated care delivery to the kidney disease population Our values Innovation, Community, Accountability, Respect, Excellence</p> <p>OVERVIEW OF CHRONIC KIDNEY DISEASE AND THE END STAGE RENAL DISEASE COMMUNITY Chronic Kidney Disease (CKD) is a public health problem in the United States that impacts approximately 26 million Americans. It is well known that hypertension and diabetes are the two leading causes of kidney failure. Various factors have contributed to improved patient outcomes and have strengthened the End-Stage Renal Disease (ESRD) community:</p> <ul style="list-style-type: none"> o High-quality dialysis services o An increase of successful kidney transplants o More effective drugs and drug therapies o The availability of more dialysis treatment options o Information gained and used by research studies o Targeted patient education efforts o Patient support groups o ESRD community advocacy <p>The 2011 United States Renal Data System Report¹ shows that of the 571,414 Americans who live with ESRD, almost 70 percent (398,861) are treated by dialysis services. www.usrds.org/adr.htm</p> <p>SATELLITE HEALTHCARE Satellite Healthcare is built on a legacy spanning more than three and half decades and is recognized for leadership in:</p> <ol style="list-style-type: none"> 1 Achieving clinical excellence 2 Delivering innovative services and therapies 3 Fostering research and charitable giving <p>Satellite Healthcare owns and operates 50 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (Satellite WellBound), offering a variety of treatment options to our patients for their convenience. In 2011, Satellite Healthcare provided almost 890,000 dialysis treatments and services to more than 4,800 patients in California, Texas, Indiana, Illinois, New Jersey and Maryland. Our goal is to enable the chronic kidney disease community to achieve clinical excellence and improved quality of life.</p> <p>SATELLITE PHILANTHROPY As a not-for-profit dialysis provider, Satellite Healthcare is involved in a number of community benefit programs and activities that help us in fulfilling our mission toward our patients and the ESRD community. Satellite Healthcare is proud that our community benefit program includes activities that stretch across many areas of the ESRD community, including direct patient care, financial assistance for eligible patients, patient education and research, as well as state and federal level advocacy. Community benefit programs are an integral part of the Satellite culture.</p> <p>COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS</p> <ul style="list-style-type: none"> o KidneysDoThat.org o Satellite Financial Assistance Program o Satellite Patient Trust Fund o American Kidney Fund o Satellite Healthcare Children's Scholarship Fund o Internships o The Norman S. Coplon/Satellite Healthcare Professorship in Medicine o Satellite Research o Contract Research o Norman S. Coplon Grant Program o Optimal Start o Better LIFE Wellness and Dialysis Options Education o Satellite Advocacy o Support of the National Kidney Foundation <p>KIDNEYSDOTTHAT.ORG As part of an ongoing effort to educate the public about kidney health, Satellite Healthcare developed KidneysDoThat.org, a website dedicated to kidney health information. This website explains, in easy-to-understand terms, what the kidneys do and why it is important to take care of them. It includes video and audio clips, photos, health tips and recipes. The site is updated periodically with seasonally relevant content.</p> <p>SATELLITE FINANCIAL ASSISTANCE PROGRAM Helping to meet the needs of the low-income uninsured and underinsured is an important element of our commitment to the community. Satellite Healthcare's Financial Assistance Program provides the means for us to demonstrate our commitment to achieving our mission. Through an annual screening process, patients are given the opportunity to get financial assistance for all or part of their dialysis service bills. In 2011, Satellite Healthcare provided more than \$3.3 million in financial assistance to our patients.</p> <p>SATELLITE PATIENT TRUST FUND Satellite Healthcare is aware that emergency circumstances arise for our patients that may require assistance. The Satellite Patient Trust Fund has been utilized to assist patients on a case-by-case basis, as needed. Donations are accepted for an individual Satellite Dialysis or WellBound Center's Patient Trust.</p>

Identifier	Return Reference	Explanation
Community Benefit Report		<p>Fund Individuals can make a tax-deductible donation to the Patient Trust Fund. Additional funding comes from donations from the National Kidney Foundation (NKF), private companies, Satellite staff, medical directors and referring physicians. The following are examples of how this program was utilized in 2011:</p> <ul style="list-style-type: none"> o Purchasing of household essentials and nutritional supplements o Providing funds for medical transportation o Assistance with utility and phone bills <p>Each Satellite Dialysis and WellBound facility has access to a Patient Trust Fund which is initially funded by Satellite Healthcare at the beginning of each year.</p> <p>AMERICAN KIDNEY FUND The American Kidney Fund (AKF) was founded in 1971 to help a single individual with kidney failure pay for dialysis. Today, AKF is the leading source of direct financial aid to chronic kidney disease patients across the nation. In 2011, the American Kidney Fund provided treatment-related financial assistance to more than 101,000 dialysis patients nationwide. Satellite Healthcare supports the AKF with regular annual donations to support its programs.</p> <p>SATELLITE HEALTHCARE CHILDREN'S SCHOLARSHIP FUND Satellite Healthcare Children's Scholarship Fund was created to assist the children of our employees achieve their goals of higher education. In 2011, Satellite Healthcare awarded 10 scholarships from this fund. Our Children's Scholarship Fund rewards and assists in the education of many of the deserving children of our talented employees. By supporting our future leaders during their educational development, we will contribute to a better future for all. In recognition of our employees we offer this benefit of \$500 to ten deserving children for both the Spring and Fall terms. These scholarships are awarded for full-time undergraduate study at any accredited two- or four-year college or university. Recipients are selected based on academic record, demonstrated leadership, participation in school and community activities, honors, work experience, and goals and aspirations as stated in the 500-word essay component of the application. The Satellite Healthcare Children's Scholarship Fund awarded \$ 5,000 for the Spring term and \$5,000 for the Fall term in 2011.</p> <p>INTERNSHIPS Satellite provides a number of internship opportunities for nurses studying for careers in nephrology. These internships were created to support our clinical ladder model from PCT to RN careers. In our centers, interns receive the mentorship of highly experienced nephrology nurses. They are exposed to the continuum of CKD patient treatment options and develop the experience and knowledge to achieve their career goals of becoming professional nephrology nurses.</p> <p>THE NORMAN S. COPLON/SATELLITE HEALTHCARE PROFESSORSHIP IN MEDICINE Satellite Healthcare has honored its founder, Norman S. Coplon, MD, with an endowed chair at Stanford University School of Medicine. A total gift of \$5 million was granted from 2007-2011. The Norman S. Coplon/Satellite Healthcare Professorship in Medicine was established on June 12, 2008 with a gift from Satellite Healthcare, which Dr. Coplon founded in 1973 as a not-for-profit organization. His vision was to fulfill the growing need for dialysis services as well as to fund research and provide education for patients with end stage renal disease (ESRD). The company aims to advance the standard of chronic kidney disease care while optimizing patient wellness and quality of life.</p>

Identifier	Return Reference	Explanation
Satellite Research		<p>The mission of Satellite Research is to stimulate, support and carry out research with emphasis on improving clinical outcomes in patients with kidney disease. Our research is guided by an independent Scientific Advisory Board of leading researchers and our Satellite Healthcare Board of Directors. Satellite Research is conducting research in various areas with the aim to directly improve the care of patients with ESRD. The primary focus of Research has been directed toward the following areas:</p> <ol style="list-style-type: none"> 1. Home dialysis therapies allow for a more independent and flexible schedule of renal replacement therapy, thereby allowing the patients to achieve full rehabilitation for active lives. Peritoneal dialysis has been available since the 1980s and home hemodialysis (HHD) has emerged over the last few years as a new alternative for providing renal replacement therapy to the growing patient population. As of 2007, the literature about the frequency of home hemodialysis is limited. Offering a range of frequency from every other day to four and six times per week, as well as nightly, allows the study of clinical and laboratory parameters with special emphasis on adequacy, anemia and phosphate management, quality of life, medication patterns, and removal of middle molecules. Internal studies are designed to help evaluate various schedules for delivery of this therapy. Clinical concerns of adequate dialysis as well as lifestyle concerns and resulting quality of life are critical in establishing therapies which allow as many patients as possible to undergo this type of renal replacement therapy. 2. CKD is addressed earlier through our WellBound centers, targeting early stage-4 CKD education in an effort to delay the onset of ESRD and improve the health literacy related to treatment modality selection. Of the patients participating in CKD options education, approximately 40 percent choose a home treatment modality, more than four times the national average. Research to study the opportunities and barriers existing in the current system of ESRD care delivery is vital to allow patients to benefit from the advantages home therapies provide for patients. 3. Patients suffering from ESRD have multiple co-morbidities and it has become evident that addressing these co-morbidities is vital for improving outcomes. Depression has been identified as a significant burden in this patient population and studies are aimed at evaluating improved screening for the disease and its subsequent treatment. 4. While in-center hemodialysis therapy has been the standard of care for more than 30 years, optimization of this modality based on new data and concepts is critical for improvement of care and patients' wellbeing. Hypertension and fluid overload are a major problem in patients undergoing hemodialysis. Intradialytic weight gain is thought to directly influence both blood pressure and the adverse events that occur during dialysis therapies. The importance of salt intake is well recognized in this respect, however, the emphasis has always focused on salt intake by patients when not on dialysis. Satellite Research is in the process of shedding some light on current dialysis prescriptions and their potential impact on these issues. 5. Studies to optimize the Na dialysate prescriptions with individualized Na dialysate have been conducted in patients undergoing in-center nocturnal HD and are exposed to dialysate sodium for a prolonged period of time. Furthermore, collaboration with colleagues at Stanford's Department of Nephrology creates a strong basis for mutually beneficial and complementary research studies. All research projects are aimed at improving outcomes and quality of life for patients on dialysis. Results of these research projects have been presented at a variety of national meetings, including the American Society of Nephrology meeting (ASN), the Annual Dialysis Conference (ADC), the Annual Nephrology Nurses Association (ANNA) and the National Kidney Foundation (NKF) meeting. <p>CONTRACT RESEARCH: An integral part of Satellite Research continues to be participating in phase II and III clinical trials with new promising products in the process of achieving FDA approval. Trials are chosen according to their applicability and likelihood to improve patient morbidity and mortality rates.</p>

Identifier	Return Reference	Explanation
NORMAN S COPLON EXTRAMURAL GRANT PROGRAM		<p>Satellite Healthcare's extramural grant program is one of the nation's largest private research grant programs focused on chronic kidney disease. Grant awards are given to individuals and institutions engaged in promising kidney disease research in the United States and Canada. Approximately one-third of the awards are for basic science research, with the remaining two-thirds aimed at applied science. Each year, Satellite Healthcare funds approximately 24 grants totaling nearly \$1,200,000. As of 2011, nearly \$10,000,000 has been granted, supporting more than 40 different research projects in the U.S. and Canada.</p> <p>2011 NORMAN S. COPLON EXTRAMURAL GRANT RECIPIENTS</p> <ul style="list-style-type: none">o Maryam Afkarian, University of Washington: Generating a candidate biomarker list for type 1 diabetic kidney disease.o Massimo Attanasio, UT Southwestern Medical Center: Role of hedgehog signaling in kidney apoptosis and fibrosis.o Mitsi Blount, Emory University School of Medicine: The role of PKCa in lithium-induced nephrogenic diabetes insipidus.o Wai Cheung, University of California San Diego: The impact of ghrelin on nutrition and cardiovascular mortality in chronic kidney disease.o John Danziger, Beth Israel Deaconess Medical Center: The importance of vitamin K in chronic kidney disease.o Jacqueline Ho, University of Pittsburgh School of Medicine: Defining the role of microRNAs in the regulation of podocyte structure and function. <p>OPTIMAL START</p> <p>There are many essential components which contribute to a positive dialysis experience and better outcomes for ESRD patients. These factors include improved health literacy about ESRD, making the necessary dietary changes and compliance with dialysis treatments and services. Satellite's Optimal Start program is a patient empowerment program targeted at the first 90 days of a patient's experience with dialysis treatment. The program continues to enable Satellite Healthcare to work closely with new patients to provide them the best opportunity for successful dialysis treatment. The Optimal Start staff ensures that patients understand the importance of dialysis treatment. Patients also are educated on related health conditions prevalent in ESRD patients. The added one-on-one support for the first 90 days is one way Satellite is able to assist and educate new patients about healthy ways of living and treating their disease. During the first 90 days, the program provides interventions:</p> <ul style="list-style-type: none">o To assist, support, and educate patients who have chosen in-center hemodialysis as the modality to treat their kidney failure and to assure that they have a full understanding of the other options available to them should they decide to make a change.o To reduce hospitalizations and missed dialysis treatments by providing understanding of the importance of being compliant with their new prescription drug therapy, dietary changes and adherence to a schedule for treatment.o To monitor patient Clinical Performance Measures (CPM) to see that they are within the target range and to ensure a better state of health during the first 90 days.o To foster a team approach by engaging everyone involved with the patient's care in the Optimal Start process, thus giving them the opportunity to better understand how each person's discipline impacts the success of the patient's ability to adapt to stage-5 kidney failure. <p>The Optimal Start program's goal is to achieve the best possible outcomes for new patients.</p> <p>Better Life/Wellness and Renal Replacement Therapy Options Education</p> <p>Through the WellBound Centers of Excellence, Satellite Healthcare provides comprehensive dialysis options education programs as a way to improve the clinical and quality of life outcomes of CKD patients. These programs are designed as an adjunct to the care provided by community nephrologists and are focused in two specific areas: CKD wellness education and renal replacement therapy education. Studies have shown that pre-dialysis education affects the involvement of CKD patients in their healthcare. A patient that is well-versed in the details of CKD is more likely to establish behaviors that are consistent with maintaining their health and deferring disease progression. This can take the form of embracing exercise, altering diets or monitoring and addressing important contributors to their disease. At the same time, increasing a patient's health literacy at an earlier stage also helps them to delay their need for dialysis therapy.</p> <p>WellBound's Better LIFE wellness education programs cover a variety of key topics relevant to CKD patients, including hypertension management, exercise, nutrition, stress reduction and cardiovascular risk assessment. Patients who take part in these classes have greater health literacy and are more engaged in their care, better prepared for choosing and starting a dialysis therapy, and more able to maintain a healthy lifestyle. When it comes to selecting a treatment modality, WellBound provides CKD patients with the education so that they, in collaboration with</p>

Identifier	Return Reference	Explanation
NORMAN S. COPLON EXTRAMURAL GRANT PROGRAM		With their physicians, can make informed decisions regarding their dialysis options. By proactively preparing patients to make educated therapy decisions, Satellite Healthcare aims to reduce the persistently high rate of patients who begin dialysis in an emergency hospital setting. WellBound's renal replacement therapy education programs expose patients to all treatment options including transplant, in-center hemodialysis and self-care therapies.

Identifier	Return Reference	Explanation
Satellite Advocacy		<p>Satellite Healthcare actively participates in a number of state and federal coalitions to better understand and provide input on issues related to the kidney community. In October of 2010, the Centers for Medicare and Medicaid Services released their final rule for the ESRD Prospective Payment System (PPS) as required by the Medicare Improvements for Patients and Provider Act of 2008 (MIPPA). Throughout 2011, Satellite Healthcare met with our elected officials and their staff to discuss issues and concerns in the final rule. In 2011, Satellite Healthcare also participated in meetings with industry advocacy groups and state and federal elected officials, discussing a variety of topics, including:</p> <ul style="list-style-type: none"> o Financial and operational concerns regarding oral drugs in the ESRD bundled payment system effective January 2014 o Cost report reform, patient case mix and co-morbidity conditions, and quality improvement performance (QIP) measurements o Continued education and awareness of advantages of home dialysis or more frequent dialysis for our patients o Issues specifically related to smaller non-profit dialysis providers, the focus of the newly formed Non-Profit Integrated Care Coalition o ESRD and Health Care Exchanges <p>As a not-for-profit organization, it is essential that we inform and educate state and federal elected officials and government agencies about issues impacting our patients.</p> <p>SUPPORT OF THE NATIONAL KIDNEY FOUNDATION</p> <p>Satellite Healthcare historically has been a leading supporter of the National Kidney Foundation (NKF). The NKF has been one of the key drivers in improving the quality of care for CKD patients in the United States. Our donations have been used for a number of NKF programs and activities, including promoting basic research through the NKF grant program, sponsoring major clinical practice guidelines, and playing an integral role in the Kidney Early Evaluation Program (KEEP). Finally, Satellite Healthcare was the primary sponsor of the Kidney Disease Outcomes Quality Initiative (K/DOQI), which provides evidence-based clinical practice guidelines developed by volunteer physicians and healthcare providers for all phases of kidney disease and related complications, from diagnosis to monitoring and management of cardiovascular guidelines which are widely used in the dialysis community today. Throughout our 38 years of service, Satellite has donated more than \$2 million to NKF national and state programs.</p>

Identifier	Return Reference	Explanation
PART XI, LINE 5		Other Changes in Net Assets K-1 revenue not included on books (24,269,117) Net distributions to unconsolidated entities 12,874,730 Change in Unrealized Gain/Loss (5,445,196) Write Off Investment in Wellbound Fredrick (410,293) Write Off Investment in Satellite Capital (796,716) ----- Total Change (18,046,592)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK BURKE TITLE SECRETARY & CEO HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SUSAN DEL BENE TITLE CFO HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRIGITTE SCHILLER MORAN TITLE Chief Medical Officer HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARC C BRANSON TITLE EVP DIALYSIS HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DR LESLIE WONG TITLE VP CLINICAL AFFAIRS HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARIO L BERTUCCI TITLE VP OF HUMAN RESOURCES HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROSEMARY FOX TITLE VP DIALYSIS OPERATIONS HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SERGEY MUZA TITLE VP OF INFORMATION TECHNOLOGY HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANN ROBAR TITLE VP OF WELLBOUND FACILITIES HOURS 10

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Satellite Healthcare Inc

Employer identification number
23-7290564

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Redwood Dialysis Supply Inc 300 Santana Row San Jose, CA 95128 94-3131117	dialysis	CA	501(c)(3)	11	SHI	Yes	

Part III

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

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

Part IV

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

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

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

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

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

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

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 23-7290564
Name: Satellite Healthcare Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
Satellite Healthcare Central States LLC 300 Santana Row San Jose, CA 95128 20-5475344	DIALYSIS	CA	29,331,814	41,039,775	SATELLITE
Wellbound LLC 300 Santana row San Jose, CA 95128 36-4510754	DIALYSIS	CA	3,497,245	3,685,698	SATELLITE
Wellbound of Emeryville LLC 300 Santana Row Sam Jose, CA 95128 20-1536908	DIALYSIS	CA	6,730,366	1,985,746	Wellbound
Wellbound of Milpitas LLC 300 Santana Row San Jose, CA 95128 42-1684723	DIALYSIS	CA	2,202,285	1,353,730	Wellbound
Wellbound of San Jose LLC 300 Santana Row San Jose, CA 95128 80-0060772	DIALYSIS	CA	9,397,815	1,882,234	Wellbound
Wellbound of Vallejo LLC 300 Santana Row San Jose, CA 95128 56-2590049	DIALYSIS	CA	1,386,778	384,339	Wellbound
WELLBOUND OF HOUSTON llc 300 Santana Row San Jose, CA 95128 64-0949650	DIALYSIS	CA	1,700,230	636,767	Wellbound
wellbound of menlo park llc 300 Santana Row San Jose, CA 95128 71-0949657	dialysis	CA	4,225,048	1,209,903	Wellbound

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Satellite 10100 Trinity LLC 300 Santana Row Suite 300 San Jose, CA 95128 20- 3633413	Real Estate	CA	SATELLITE	INVESTEMENT	198,502	1,123,591		No	0	Yes		50 000 %
Satellite Capital LP 300 Santana Row Suite 300 San Jose, CA 95128 94- 3366316	Investment	CA	SATELLITE	INVESTEMENT	4,419	0		No	0	Yes		99 000 %
Satellite Dialysis Central Modesto LLC 300 Santana Row Suite 300 San Jose, CA 95128 20- 0292624	Kidney Dialys	CA	SATELLITE	RELATED	128,871	1,045,131		No	0	Yes		65 000 %
Satellite Dialysis of Orange LLC 300 Santana Row Suite 300 San Jose, CA 95128 26- 1600698	Kidney Dialys	CA	SATELLITE	RELATED	419,127	526,827		No	0	Yes		50 000 %
Satellite Dialysis of Sunnyvale LLC 300 Santana Row Suite 300 San Jose, CA 95128 32- 0011450	Kidney Dialys	CA	SATELLITE	RELATED	1,028,812	1,508,553		No	0	Yes		60 000 %
Satellite Dialysis of Tracy LLC 300 Santana Row Suite 300 San Jose, CA 95128 26- 1601086	Kidney Dialys	CA	SATELLITE	RELATED	-143,399	1,105,175		No	0	Yes		50 000 %
Ascend Clinical LLC 1400 Industrial Way Redwood City, CA 94063 94- 3357013	Lab Services	CA	SATELLITE	RELATED	7,007,960	26,805,879		No	3,878,340	Yes		90 638 %
South County Dialysis 300 Santana Row Suite 300 San Jose, CA 95128 77- 0375363	Kidney Dialys	CA	SATELLITE	RELATED	952,391	798,527		No	0	Yes		50 000 %
Wellbound of Evanston LLC 300 Santana Row Suite 300 San Jose, CA 95128 11- 3791018	Kidney Dialys	CA	wellbound llc	RELATED	260,090	211,374		No	0	Yes		50 000 %
Wellbound of Lafayette LLC 300 Santana Row Suite 300 San Jose, CA 95128 86- 1161083	Kidney Dialys	CA	wellbound llc	RELATED	318,217	285,363		No	0	Yes		50 000 %
Wellbound of Mercer LLC 300 Santana Row Suite 300 San Jose, CA 95128 71- 1019018	Kidney Dialys	CA	wellbound llc	RELATED	2,792,894	693,311		No	0	Yes		80 000 %
Wellbound of Modesto LLC 300 Santana Row Suite 300 San Jose, CA 95128 74- 3104534	Kidney Dialys	CA	SATELLITE	RELATED	1,833,374	1,782,162		No	0	Yes		80 000 %
Wellbound of Santa Rosa LLC 300 Santana Row Suite 300 San Jose, CA 95128 20- 2185548	Kidney Dialys	CA	SATELLITE	RELATED	625,416	430,038		No	0	Yes		80 000 %
Wellbound of Stockton LLC 300 Santana Row Suite 300 San Jose, CA 95128 20- 3030592	Kidney Dialys	CA	wellbound llc	RELATED	198,267	145,061		No	0	Yes		50 000 %
Wellbound of Frederick 300 Santana Row Suite 300 San Jose, CA 95128	kidney dialys	CA	wellbound llc	RELATED	-141,427	0		No	0	Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Wellbound of San Leandro LLC 300 Santana Row Suite 300 San Jose, CA 95128	dialysis	CA	wellbound llc	RELATED	108,697	148,687		No	0	Yes		50 000 %
Satellite Dialysis of Lynwood LLC 300 Santana Row Suite 300 San Jose, CA 95128	dialysis	CA	SATELLITE	RELATED	139,048	1,621,922		No	0	Yes		50 000 %
satellite dialysis of White Road LLC 300 Santana Row Suite 300 San Jose, CA 95128	dialysis	CA	SATELLITE	RELATED	54,769	1,861,431		No	0	Yes		70 000 %
satellite dialysis of san leandro 500 Santana row suite 300 san jose, CA 95128	dialysis	CA	SATELLITE	RELATED	552,191	1,040,440		No	0	Yes		75 000 %
satellite dialysis of merced 300 santana row suite 300 san jose, CA 95128	dialysis	CA	SATELLITE	RELATED	46,417	1,381,398		No	0	Yes		50 000 %
Satellite Dialysis of Morgan Hill 300 Santana Row Suite 300 San Jose, CA 95128 27- 3362731	Dialysis	CA	SATELLITE	RELATED	-93,289	1,761,876		No	0	Yes		50 000 %
Satellite Dialysis of Stockton LLC 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 20- 3966186	DIALYSIS	CA	SATELLITE	RELATED	401,525	237,373		No	0	Yes		40 000 %

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	Satellite Dialysis of Sunnyvale	P	2,839,785	Per Agreement
(2)	Satellite Dialysis of Sunnyvale	K	555,807	Per Agreement
(3)	Satellite Dialysis of Sunnyvale	N	1,738,754	Per Agreement
(4)	Satellite Dialysis of Sunnyvale	Q	697,522	Per Agreement
(5)	Satellite Dialysis of Central Modesto	P	1,823,749	Per Agreement
(6)	Satellite Dialysis of Central Modesto	K	493,879	Per Agreement
(7)	Satellite Dialysis of Central Modesto	N	1,746,986	Per Agreement
(8)	Satellite Dialysis of Central Modesto	Q	588,892	Per Agreement
(9)	Satellite Dialysis of San Leandro	K	613,444	Per Agreement
(10)	Satellite Dialysis of San Leandro	A	277,156	Per Agreement
(11)	Satellite Dialysis of San Leandro	N	1,896,577	Per Agreement
(12)	Satellite Dialysis of San Leandro	P	986,516	Per Agreement
(13)	Satellite Dialysis of San Leandro	Q	1,857,770	Per Agreement
(14)	Ascend Clinical LLC	O	4,276,794	Per Agreement
(15)	Ascend Clinical LLC	L	4,562,765	Per Agreement
(16)	Ascend Clinical LLC	Q	8,010	Per Agreement
(17)	Wellbound of Mercer	K	390,628	Per Agreement
(18)	Wellbound of Mercer	P	798,554	Per Agreement
(19)	Wellbound of Mercer	Q	90,921	Per Agreement
(20)	Wellbound of Mercer	N	349,587	Per Agreement

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(21)	Wellbound of Modesto	K	545,568	Per Agreement
(22)	Wellbound of Modesto	P	1,710,789	Per Agreement
(23)	Wellbound of Modesto	Q	313,605	Per Agreement
(24)	Wellbound of Modesto	N	921,046	Per Agreement
(25)	Wellbound of Santa Rosa	K	382,975	Per Agreement
(26)	Wellbound of Santa Rosa	N	693,387	Per Agreement
(27)	Wellbound of Santa Rosa	P	985,143	Per Agreement
(28)	Wellbound of Santa Rosa	Q	334,923	Per Agreement
(29)	Satellite Dialysis of White Road	K	353,548	Per Agreement
(30)	Satellite Dialysis of White Road	N	1,051,213	Per Agreement
(31)	Satellite Dialysis of White Road	P	1,909,275	Per Agreement
(32)	Satellite Dialysis of White Road	Q	169,629	Per Agreement
(33)	Satellite Dialysis of Orange	P	2,794,190	Per Agreement
(34)	Satellite Dialysis of Orange	K	576,348	Per Agreement
(35)	Satellite Dialysis of Orange	N	1,793,376	Per Agreement
(36)	Satellite Dialysis of Orange	Q	428,363	Per Agreement
(37)	Satellite Dialysis of Tracy	P	798,495	Per Agreement
(38)	Satellite Dialysis of Tracy	K	223,780	Per Agreement
(39)	Satellite Dialysis of Tracy	N	721,089	Per Agreement
(40)	Satellite Dialysis of Tracy	Q	242,856	Per Agreement

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(41)	Satellite Dialysis of Merced	K	260,072	Per Agreement
(42)	Satellite Dialysis of Merced	N	925,759	Per Agreement
(43)	Satellite Dialysis of Merced	P	2,401,571	Per Agreement
(44)	Satellite Dialysis of Merced	Q	66,621	Per Agreement
(45)	Satellite Dialysis of Stockton	K	528,224	Per Agreement
(46)	Satellite Dialysis of Stockton	N	1,663,238	Per Agreement
(47)	Satellite Dialysis of Stockton	P	2,553,198	Per Agreement
(48)	Satellite Dialysis of Stockton	Q	211,654	Per Agreement
(49)	Satellite Dialysis of Lynwood	B	250,000	Per Agreement
(50)	Satellite Dialysis of Lynwood	K	4,122	Per Agreement
(51)	Satellite Dialysis of Lynwood	N	96,687	Per Agreement
(52)	Satellite Dialysis of Lynwood	P	350,000	Per Agreement
(53)	Satellite Dialysis of Morgan Hill	Q	56,240	Per Agreement