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CHANGE OF ACCOUNTING PERIOD

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JAN 1, 2013 and ending JUN 30, 2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: Shaker Properties, Inc.
Number and street (or P.O. box, if mail is not delivered to street address): 600 Northern Blvd.
City or town, state or country, and ZIP + 4: Albany, NY 12204

D Employer identification number: 22-3119822
E Telephone number: (518) 271-5023
F Group Exemption Number

G Accounting Method: Cash [] Accrual [X] Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A
J Tax-exempt status (check only one) 501(c)(3) [] 501(c) (2) [X] 4947(a)(1) [] 527 []

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp dated MAY 20 2014 from OGDEN, UT.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

ENVELOPE SCANNED JUN 14 2014 POSTMARK DATE MAY 15 2014

232171 01-11-13

Handwritten initials 'NC'

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	604,215.	22	0.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) See Schedule O	17,267.	24	0.
25 Total assets	621,482.	25	0.
26 Total liabilities (describe in Schedule O) See Schedule O	4,299.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	617,183.	27	0.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Effective January 13, 2013, the organization merged with and into Beechwood, Inc., a related tax-exempt organization.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Bylancik, Robert J. Trustee	0.50	0.	0.	0.
Cottrell, Barbara Trustee	0.50	0.	0.	0.
Dake, Susan Trustee	0.50	0.	0.	0.
DiSarro, Ann Trustee	0.50	0.	0.	0.
Doyle, Rev. Kenneth Trustee	0.50	0.	0.	0.
Filippone, John, MD Trustee	0.50	0.	0.	0.
Gordon, Harold, Esq. 2nd Vice Chair	0.50	0.	0.	0.
Guzior, Ronald L. Trustee	0.50	0.	0.	0.
Hearst, George III Trustee	0.50	0.	0.	0.
Herbert, Sr. Phyllis Trustee	0.50	0.	0.	0.
Johnson, Robert W. III, Esq. Chair	0.50	0.	0.	0.
Jones, Sydney Tucker, III Trustee	0.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 Date 5-15-14
 Signature of officer *Lori Santos*
 Lori Santos, CFO
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	William J. Homer	<i>William J. Homer</i>	5/13/14		P00994519
	Firm's name ▶ DELOITTE TAX LLP	Firm's address ▶ 1700 MARKET STREET, 25TH FLOOR PHILADELPHIA, PA 19103-3984		Firm's EIN ▶ 86-1065772	Phone no. 215-246-2300

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal 0.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
3		
4a		
4b		
5		
6a		
6b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	01/01/13	594,215	BOOK VALUE	14-1651563	Beechwood, Inc. 2212 Burdett Avenue Troy, NY 12180	501(C)(2)
	RECEIVABLES	01/01/13	15,616	BOOK VALUE	14-1651563	Beechwood, Inc. 2212 Burdett Avenue Troy, NY 12180	501(C)(2)
	PP&E, NET	01/01/13	10,000	BOOK VALUE	14-1651563	Beechwood, Inc. 2212 Burdett Avenue Troy, NY 12180	501(C)(2)
	PREPAID EXPENSES & CHARGES	01/01/13	1,651	BOOK VALUE	14-1651563	Beechwood, Inc. 2212 Burdett Avenue Troy, NY 12180	501(C)(2)

- 2 Did or will any officer, director, trustee, or key employee of the organization
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

	Yes	No
2a		X
2b		X
2c		X
2d		X

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information

Part II, Line 2e: The trustees listed in Part IV are trustees on the transferee organization.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Shaker Properties, Inc.

Employer identification number

22-3119822

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances:

Amount:

Transfer to Affiliate - Merger

-617,183.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
Accounts receivable, net	15,616.	0.
Prepaid expenses and deferred charges	1,651.	0.
Total to Form 990-EZ, line 24	17,267.	0.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Accounts payable and accrued expenses	4,299.	0.

Form 990-EZ, Part III, Primary Exempt Purpose - Effective January 13, 2013, the organization merged with and into Beechwood, Inc., a related tax-exempt organization. See attached documents.

Disclosure Statement Related to Form 5471 Filed by Catholic Health East, Saint Michael's Medical Center, and Trinity Health - Michigan

Under the constructive ownership rules of Internal Revenue Code Sections 318(a) and 958(b), the organization is required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, as a Category 4 and/or Category 5 filer with respect to Stella Maris Insurance Company Limited, Chestnut Risk

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Shaker Properties, Inc.

Employer identification number
22-3119822

Services, LTD, and Venzke Insurance Company, LTD (collectively, the "foreign corporations"). This filing requirement is, or will be, satisfied through the filing of Forms 5471 with respect to the foreign corporations on the organization's behalf by the U.S. organizations identified below.

Foreign Corporation: Stella Maris Insurance Company

U.S. Organization: Catholic Health East

Address: 3805 West Chester Pike, Suite 100, Newtown Square, Pennsylvania 19073

Identifying Number of U.S. Tax Return with Which Form 5471 was filed:
23-2929748

IRS Service Center Where U.S. Return Was Filed: Ogden, UT

Foreign Corporation: Chestnut Risk Services, LTD

U.S. Organization: Saint Michael's Medical Center

Address: 111 Central Avenue, Newark, New Jersey 07102

Identifying Number of U.S. Tax Return with Which Form 5471 was filed:
26-2616046

IRS Service Center Where U.S. Return Was Filed: Ogden, UT

Foreign Corporation: Venzke Insurance Company, LTD

U.S. Organization: Trinity Health - Michigan

Address: 20555 Victor Parkway, Livonia, MI 48152

Identifying Number of U.S. Tax Return with which Form 5471 was filed:
38-2113393

130111001005

CERTIFICATE OF MERGER

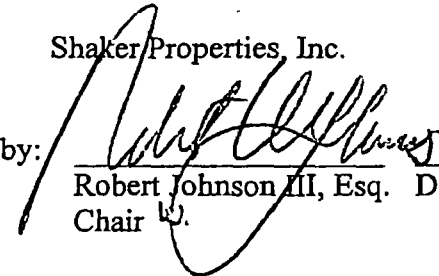
of
Shaker Properties, Inc.
and
Beechwood, Inc.
into
Beechwood, Inc.

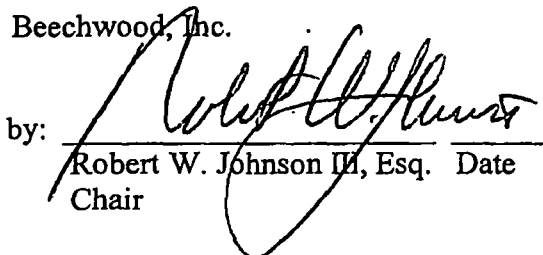
Under Section 904 of the Not-for-Profit Corporation Law

1. The name of each constituent corporation is as follows: Shaker Properties, Inc., which was formed under such name; and Beechwood, Inc., which was formed under such name. The name of the surviving corporation will be Beechwood, Inc.
2. The sole corporate member of Shaker Properties, Inc. is Northeast Health, Inc. The sole corporate member of Beechwood, Inc. is LTC (Eddy), Inc. There are no holders of any certificates evidencing capital contributions or subventions.
3. Upon merging, Northeast Health, Inc. will lose its membership interest in Shaker Properties, Inc. Upon merging, LTC (Eddy), Inc. will remain the sole member of Beechwood, Inc.. No cash or other consideration will be paid or delivered in exchange for membership or other interest in either constituent
4. No amendments or changes in the certificate of incorporation of the surviving corporation will be effected by such merger.
5. The merger will become effective on January 1, 2013.
6. The certificate of incorporation of Shaker Properties, Inc. was filed by the Department of State on January 9, 1991. The certificate of incorporation of Beechwood, Inc. was filed by the Department of State on April 25, 1983.
7. The merger was approved by the constituent corporations in the following manner:
 - (a) The board of each constituent corporation adopted a plan of merger pursuant to NYS Not-for-Profit Corporation Law Section 902.
 - (b) The plan of merger was approved by the sole member of each constituent corporation by two-thirds vote pursuant to NYS Not-for-Profit Corporation Law Section 903 and Section 613.

Shaker Properties, Inc.

Beechwood, Inc.

by: 
 Robert Johnson III, Esq. Date
 Chair

by: 
 Robert W. Johnson III, Esq. Date
 Chair

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ~~ALBANY~~ RENSSELAIRE

**Application for Approval of
The Plan of Merger and
Certificate of Merger of
Shaker Properties, Inc.
into Beechwood, Inc.
pursuant to NYS NFP-Corp § 907**

Order

HON. PATRICK J. McGRATH, JSC

I, _____, a Justice of the Supreme Court of the State of New York, Third Judicial District, do hereby approve the attached Plan of Merger and Certificate of Merger of Shaker Properties, Inc. into Beechwood, Inc.

York pursuant to NYS NFP-Corp § 907

TROY *December 5th*
Dated: ~~Albany~~, New York, ~~June~~ *5th*, 2012



HON. PATRICK J. McGRATH, JSC

Hon. _____, J.S.C.
Albany County

Attorney General Approval:

THE ATTORNEY GENERAL HEREBY APPEARS HEREIN,
HAS NO OBJECTION TO THE GRANTING OF
JUDICIAL APPROVAL HEREON, ACKNOWLEDGES
RECEIPT OF STATUTORY NOTICE, AND DEMANDS
SERVICE OF ALL PAPERS SUBMITTED HEREIN
INCLUDING ALL ORDERS, JUDGMENTS AND
ENDORSEMENTS OF THE COURT. SAID NO OBJECTION
IS CONDITIONED ON SUBMISSION OF THE MATTER
TO THE COURT WITHIN 30 DAYS HEREAFTER.

Rachel J. Murphy *11/20/12*
ASSISTANT ATTORNEY GENERAL DATE

130111001005

CERTIFICATE OF MERGER

of
Shaker Properties, Inc.
and
Beechwood, Inc.
into
Beechwood, Inc.

pl. copy

**STATE OF NEW YORK
DEPARTMENT OF STATE**
FILED JAN 11 2013

TAXS _____
BY:

Rensselaer

Under Section 904 of the Not-for-Profit Corporation Law

**Robert N. Swidler, Esq.
V.P. Legal Services
St. Peter's Health Partners
2212 Burdett Avenue
Troy NY 12180
518-271-5027**

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