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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

City or town, state or province, country, and ZIP or foreign postal code
San Jose, CA 95128

D Employer identification number
23-7290564

E Telephone number
(650)404-3600

G Gross receipts $ 205,090,385

F Name and address of principal officer
richard barnett
300 santana row suite 300
san jose, CA 95128

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www satellitehealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SINCE 1973, THE MISSION HAS BEEN TO MAKE LIFE BETTER FOR THOSE WITH KIDNEY DISEASE BY SUPPORTING RESEARCH, PROVIDING EDUCATION, AND ENSURING ACCESS TO CARE FOR THOSE EFFECTED

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,852
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,693,576
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,610,885

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	16,415	2,004
9	Program service revenue (Part VIII, line 2g)	173,296,209	180,959,560
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,278,872	6,691,771
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,822,582	1,245,193
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,414,078	188,898,528
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,887,802	3,676,480
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)	80,147,293	87,082,369
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	84,950,464	86,738,745
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	167,985,559	177,497,594
19	Revenue less expenses Subtract line 18 from line 12	16,428,519	11,400,934

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	370,454,198	429,877,986
21	Total liabilities (Part X, line 26)	38,154,548	38,314,816
22	Net assets or fund balances Subtract line 21 from line 20	332,299,650	391,563,170

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 — 2014-11-12 Date

▶ SUSAN DEL BENE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VALERIE J BALL				P00178114
Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 55 Second Street 1400 San Francisco, CA 94105			Phone no (650) 404-3600	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 $ 137,868,309 including grants of $) (Revenue $ 179,281,361)

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 2013 United States Renal Data System Report shows that of the 615,899 Americans who live with End Stage Renal Disease ("ESRD"), over 430,000 are treated by dialysis Satellite Healthcare owns and operates 57 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (WellBound) providing a variety of treatment options to our patients In 2013, Satellite Healthcare provided over 1,065,940 dialysis treatments and services to over 5,895 patients in California, Texas, Indiana, Illinois, New Jersey, and Tennessee 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 below Community Benefit Report 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 o Innovation I look for creative ways to achieve the best quality care for our patients o Community I am part of the Satellite family dedicated to CKD care o Accountability I take personal responsibility for the services we provide o Respect I treat others as I would like to be treated o Excellence I strive to do my absolute best in caring for our patients 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 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 The 2013 United States Renal Data System Report shows that of the 615,899 Americans who live with ESRD, about 70 percent (430,273) are treated by dialysis services www usrds org/adr htm SATELLITE HEALTHCARE Satellite Healthcare is built on a legacy spanning more than three and a half decades and is recognized for leadership in 1 Achieving clinical excellence 2 Delivering innovative services and therapies 3 Fostering research and charitable giving Satellite Healthcare owns and operates 57 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 2013, Satellite Healthcare provided over 1,065,940 dialysis treatments and services to more than 5,895 patients in California, Texas, Indiana, Illinois, New Jersey and Tennessee Our goal is to enable the chronic kidney disease community to achieve clinical excellence and improved quality of life 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 COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS 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 o Young Investigator Grant with the National Kidney Foundation KIDNEYSDOTHAT 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 SATELLITE FINANCIAL ASSISTANCE PROGRAM Helping to meet the needs of the low-income uninsured and under insured 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 2013, Satellite Healthcare provided more than $2 4 million in financial assistance to our patients 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 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 2013 o Purchasing of household essentials and nutritional supplements o Providing funds for more medical transportation than ever o Assistance with utility and phone bills 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 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 2013, the American Kidney Fund provided treatment-related financial assistance to more than 87,000 dialysis patients nationwide Satellite Healthcare supports the AKF with regular annual donations to support its programs 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 2013, 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

4b (Code) (Expenses $ 6,582,420 including grants of $ 3,676,480) (Revenue $ 135,493)

Patient and Community Programs Included Research Programs $2,905,940 Research Grants $3,676,480 See the community beenfit report in Schedule O for additional information

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

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

4e **Total program service expenses** ▶ 144,450,729

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	243		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,852		
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" to line 3b, 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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			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?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**		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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		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 ☐ Other (explain in Schedule O)

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 during the tax year

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

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 0 0	X		X				945,340	0	36,878
(2) BRADFORD JEFFERIES CHAIRMAN	1 0 0 0	X						73,500	0	0
(3) WILLIAM J LONG DIRECTOR	1 0 0 0	X						36,000	0	0
(4) THOMAS R WILLIAMS DIRECTOR	1 0 0 0	X						31,500	0	0
(5) DANIEL HERLINGER DIRECTOR	1 0 0 0	X						36,000	0	0
(6) JOHN PANETTA DIRECTOR	1 0 0 0	X						33,000	0	0
(7) GLEN CHERTOW DIRECTOR	1 0 0 0	X						36,500	0	0
(8) SUSAN DEL BENE CFO	40 0 0 0			X				517,355	0	38,197
(9) MARC C BRANSON EVP DIALYSIS	40 0 0 0				X			539,362	0	38,281
(10) BRIGITTE SCHILLER MORAN Chief Medical Officer	40 0 0 0					X		599,863	0	37,981
(11) ROSEMARY FOX VP DIALYSIS OPERATIONS	40 0 0 0					X		502,958	0	32,874
(12) SERGEY MUZA VP OF INFORMATION TECHNOLOGY	40 0 0 0					X		345,503	0	22,940
(13) Robert A Lunbeck VP OF BUSINESS DEVELOPMENT	40 0 0 0					X		459,921	0	38,281
(14) MARIO I BERTUCCI VP OF HUMAN RESOURCES	40 0 0 0					X		358,756	0	22,835

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,515,558	0	268,267

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶132

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PALO ALTO MEDICAL FOUNDATION, 2350 W EL CAMINO REAL MOUNTAIN VIEW CA 94040	medical directors	467,813
SAN MATEO DIALYSIS ASSOCIATES, 1750 EL CAMINO REAL BURLINGAME CA 94041	MEDICAL DIRECTORS	373,525
BARNETT MEDICAL SERVICES, 30620 SAN ANTONIO ST HAYWARD CA 94544	MEDICAL SERVICE	307,165
NEPHROLOGY ASSOCIATES, 2301 CIRCADIAN WAY SANTA ROSA CA 95401	MEDICAL DIRECTORS	242,073
KPMG LLP, PO BOX 120001 DEPT 0564 DALLAS TX 753120922	ACCOUNTING SERVICES	236,012

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 ▶28

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	2,004			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,004			
Program Service Revenue			Business Code				
	2a	DIALYSIS/ANCILLARY	621400	169,534,920	169,534,920		
	b	CHARITY CARE	621400	-2,060,628	-2,060,628		
	c	LABORATORY SERVICES	541900	3,704,705	2,161,999	1,542,706	
	d	MANAGEMENT FEES	561000	9,780,563	9,780,563		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		180,959,560			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		29,607		-37,933	67,540
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	22,854,021				
	b	Less cost or other basis and sales expenses	16,191,857				
	c	Gain or (loss)	6,662,164				
	d	Net gain or (loss) . . . . . ▶		6,662,164			6,662,164
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		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	ADMINISTRATIVE SERVICES	900099	1,188,803		1,188,803	
	b	OTHER REVENUE	900099	56,390			56,390
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,245,193			
	12	**Total revenue.** See Instructions . . . . . ▶		188,898,528	179,416,854	2,693,576	6,786,094

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)

Check if Schedule O contains a response or note to any line 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	3,601,480	3,601,480		
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	75,000	75,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,361,913	410,875	1,951,038	
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	58,468,289	47,980,697	10,487,592	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,064,869	1,623,725	441,144	
9 Other employee benefits	19,210,534	14,127,579	5,082,955	
10 Payroll taxes	4,976,764	4,228,422	748,342	
11 Fees for services (non-employees)				
a Management	0			
b Legal	881,908	3,604	878,304	
c Accounting	337,031	45,343	291,688	
d Lobbying	74,750		74,750	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,308,247	4,141,863	3,166,384	
12 Advertising and promotion	0			
13 Office expenses	2,080,865	1,417,315	663,550	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	10,738,109	10,371,763	366,346	
17 Travel	2,097,600	1,338,877	758,723	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	509,902	318,573	191,329	
19 Conferences, conventions, and meetings	42,445	16,406	26,039	
20 Interest	271,929		271,929	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,742,487	5,452,489	5,289,998	
23 Insurance	1,745,537	1,536,611	208,926	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL & OTHER SUPPLIES	39,931,750	39,537,171	394,579	
b EQUIPMENT RENTAL & MAINT	1,762,840	726,304	1,036,536	
c LAB SERVICES	2,905,303	2,905,303		
d INCOME TAX	48,081	206,419	-158,338	
e All other expenses	5,259,961	4,384,910	875,051	
25 **Total functional expenses.** Add lines 1 through 24e	177,497,594	144,450,729	33,046,865	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		20,795,855	1	9,533,444
	2	Savings and temporary cash investments		16,454,741	2	17,125,125
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		26,659,699	4	30,718,483
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		150,000	5	100,000
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,388,229	8	1,214,129
	9	Prepaid expenses and deferred charges		2,739,917	9	2,573,235
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 136,090,136			
	b	Less accumulated depreciation	10b 70,711,685	52,179,636	10c	65,378,451
	11	Investments—publicly traded securities		134,073,910	11	156,634,597
	12	Investments—other securities See Part IV, line 11		17,815,335	12	17,913,000
	13	Investments—program-related See Part IV, line 11		45,656,507	13	69,399,690
	14	Intangible assets		41,375,045	14	40,402,162
	15	Other assets See Part IV, line 11		11,165,324	15	18,885,670
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		370,454,198	16	429,877,986
Liabilities	17	Accounts payable and accrued expenses		25,259,671	17	28,316,692
	18	Grants payable		0	18	0
	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	Loans and other 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		11,900,009	23	9,100,009
	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		994,868	25	898,115
	26	**Total liabilities.** Add lines 17 through 25		38,154,548	26	38,314,816
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		332,299,650	27	391,563,170
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		332,299,650	33	391,563,170
	34	Total liabilities and net assets/fund balances		370,454,198	34	429,877,986

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	188,898,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,497,594
3	Revenue less expenses Subtract line 2 from line 1	3	11,400,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	332,299,650
5	Net unrealized gains (losses) on investments	5	17,061,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	30,801,425
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	391,563,170

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Part I, Line 3	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

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
Satellite Healthcare Inc	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 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 function 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		
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-		

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

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? ☐ Yes ☐ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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?	Yes		74,750
j	Total Add lines 1c through 1i			74,750
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Line 1I	Satellite Healthcare Inc is a member of various medical associations Line 1i represents the portion of membership dues allocable to lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		17,026,114	7,165,686	9,860,428
c Leasehold improvements		41,198,823	19,481,260	21,717,563
d Equipment		64,937,816	41,520,306	23,417,510
e Other		12,927,383	2,544,433	10,382,950
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				65,378,451

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) PROGRAM-RELATED JOINT VENTURES	69,399,690	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	69,399,690	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DEFERRED AMORTIZATION	489,264
DEFERRED RENT	408,851
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	898,115

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
Part XIV	The Company has evaluated its current tax positions and has concluded that as of December 31, 2013 and 2012, the Company does not have any significant uncertain tax positionS for which a reserve would be necessary

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Satellite Healthcare Inc

Employer identification number
23-7290564

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America			Grantmaking		50,000
(2) Sub-Saharan Africa			Grantmaking		25,000
(3)					
(4)					
(5)					
3a Sub-total					75,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					75,000

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. Part II can be duplicated 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)
(1)		North America	RESEARCH	50,000	CHECK			
(2)		Sub-Saharan Africa	Kidney Care	25,000	check			
(3)								
(4)								

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 . . . . ▶ 2

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, part 1, line 1	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 The grant to sub-saharan Africa was made to a US charitable organization that is coordinating assistance for Kidney Care in Burundi Satellite's scientific advisory board is monitoring the use of the funds in this developing program in Burundi

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, part 1, Line 3, Column F	The accrual method of accounting was used to determine the amounts in column (f)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Satellite Healthcare Inc

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. Part II can be duplicated 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 . . . ▶ 22

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

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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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 SERVICES 106 NEW SCOTLAND AVENUE OB115 ALBANY,NY 12208	14-1423161	501(c)(3)	50,000				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 CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MOO634 LA JOLLA,CA 920930634	95-6006144	501(c)(3)	50,000				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 185 PILGRAM ROAD FARR 8 BOSTON,MA 02215	04-2103881	501(c)(3)	75,000				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 UNIVERSITY 1639 PIERCE DRIVE WMB SUITE 338A Atlanta, GA 30322	58-0566256	501(c)(3)	100,000				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 FOUNDATION 914 S 8TH ST STE S-406 MINNEAPOLIS, MN 55404	41-1677920	501(c)(3)	50,000				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
UT SOUTHWESTERN MEDICAL CENTER 05323 HARRY HINGS BLVD DALLAS,TX 75390	75-6002868	501(c)(3)	50,000				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 MEDICINE 3172 PORTER DRIVE SUITE 210 PALO ALTO,CA 93404	94-6036493	501(c)(3)	229,500				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 WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	501(C)(3)	100,000				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 330 BROOKLINE AVE CLS 742 BOSTON,MA 02215	04-2103881	501(c)(3)	100,000				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
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD ROCKVILLE,MD 20852	23-7124261	501(C)(3)	1,777,189				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
NATIONAL KIDNEY FOUNDATION 131 STEUART ST STE 520 SAN FRANCISCO,CA 94105	94-6130713	501(C)(3)	294,035				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
TEMPLE UNIVERSITY SCHOOL OF MEDICINE 3322 NORTH BROAD STREET SUITE 205 PHILADELPHIA,PA 19140	23-1365971	501(C)(3)	100,000				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 CALIFORNIA LOS ANGELES 11000 KINROSS AVENUE SUITE 211 LOS ANGELES,CA 90095	95-6006143	501(C)(3)	100,000				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
VANDERBILT UNIVERSITY DEPT AT 40303 ATLANTA,GA 311920303	62-0476822	501(C)(3)	50,000				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
MEDICAL EDUCATION INSTITUTE INC 414 DONOFRIO DRIVE SUITE 200 MADISON,WI 53719	39-1739731	501(c)(3)	20,000				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 COLORADO DENVER 12700 EAST 19TH AVENUE AURORA,CO 800452563	84-6000555	501(C)(3)	100,000				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 TEXAS SOUTH WESTERN MEDICAL CENTER 1950 N STEMMONS FWY DALLAS,TX 75207	75-6002868	501(C)(3)	100,000				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
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE SUITE 300 BOSTON,MA 02199	04-1564655	501(c)(3)	100,000				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
MEHARRY MEDICAL COLLEGE 1005 DR DB TPDD BLVD NASHVILLE,TN 37208	62-0488046	501(C)(3)	50,000				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 & WOMEN'S HOSPITAL PO BOX 3149 BOSTON,MA 022413149	04-2312909	501(C)(3)	50,000				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
INTERNATIONAL SOCIETY OF PERITONEAL DIALYSIS UNIVERSITY OF COLORADO HOSPITAL F77 12605 E 16TH AVENUE AURORA,CO 80045	80-0361037	501(C)(3)	10,000				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
ONE ACRE FUND 1742 TATUM STREET FALCON HEIGHT, MN 55113	20-3668110	501(C)(3)	25,000				FIGHT HUNGER

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Satellite Healthcare Inc

Employer identification number
23-7290564

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARK BURKE SECRETARY & CEO	(i)	438,549	373,052	133,739	15,000	21,878	982,218	0
	(ii)	0	0	0	0	0	0	0
(2)MARC C BRANSON EVP DIALYSIS	(i)	267,536	198,059	73,767	15,000	23,281	577,643	0
	(ii)	0	0	0	0	0	0	0
(3)SUSAN DEL BENE CFO	(i)	252,287	170,736	94,332	15,000	23,197	555,552	0
	(ii)	0	0	0	0	0	0	0
(4)BRIGITTE SCHILLER MORAN Chief Medical Officer	(i)	298,818	169,869	131,176	15,000	22,981	637,844	0
	(ii)	0	0	0	0	0	0	0
(5)ROSEMARY FOX VP DIALYSIS OPERATIONS	(i)	261,757	151,959	89,242	15,000	17,874	535,832	0
	(ii)	0	0	0	0	0	0	0
(6)SERGEY MUZA VP OF INFORMATION TECHNOLOGY	(i)	205,958	107,209	32,336	13,565	9,375	368,443	0
	(ii)	0	0	0	0	0	0	0
(7)Robert A Lunbeck VP OF BUSINESS DEVELOPMENT	(i)	262,624	146,234	51,063	15,000	23,281	498,202	0
	(ii)	0	0	0	0	0	0	0
(8)MARIO I BERTUCCI VP OF HUMAN RESOURCES	(i)	167,015	96,990	94,751	13,571	9,264	381,591	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
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, Mark Burke, Marc Branson, Rosemary Fox, and Sergey Muza The final amounts paid out from the 2012 vesting date were as follows Mark Burke $92,953 Marc Branson $58,772 Susan Del Bene $50,664 Rosemary Fox $49,172 Sergey Muza $38,599 Ann Robar $35,003

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Brigitte S Moran	EMPLOYEE	RELOCATION LOAN		X	250,000	100,000		No	Yes		Yes	
Total ▶ $						100,000						

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 assistance	(d) Type of assistance	(e) Purpose 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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Satellite Healthcare Inc

Employer identification number
23-7290564

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

Return Reference	Explanation
PART VI, SECTION B, LINE 12 C	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

Return Reference	Explanation
PART VI, SECTION B, LINE 15	For 2013 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

Return Reference	Explanation
PART VI, SECTION B, LINE 16b	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

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

Return Reference	Explanation
PART XI, LINE 9	Current Year Reclass of negative investments $38,243,778 Minority interest in Wellbound Milpitas $ 3,242,420 Intercompany transfers $(9,180,000) Schedule K-1 additions $(1,504,773) ---------- Total changes in net assets $30,801,425

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity? Yes	(g) No

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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 (if applicable) 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
(1) Satellite Healthcare Central States LLC 300 Santana Row San Jose, CA 95128 20-5475344	DIALYSIS	CA	33,186,383	44,612,505	SATELLITE
(1) Wellbound LLC 300 Santana row San Jose, CA 95128 36-4510754	DIALYSIS	CA	5,584,073	8,220,605	SATELLITE
(2) Wellbound of Emeryville LLC 300 Santana Row Sam Jose, CA 95128 20-1536908	DIALYSIS	CA	8,990,312	3,068,365	Wellbound
(3) Wellbound of San Jose LLC 300 Santana Row San Jose, CA 95128 80-0060772	DIALYSIS	CA	10,479,862	1,724,859	Satellite
(4) Wellbound of Vallejo LLC 300 Santana Row San Jose, CA 95128 56-2590049	DIALYSIS	CA	2,034,429	781,927	Wellbound
(5) WELLBOUND OF HOUSTON llc 300 Santana Row San Jose, CA 95128 64-0949650	DIALYSIS	CA	2,775,330	972,820	Wellbound
(6) wellbound of menlo park llc 300 Santana Row San Jose, CA 95128 71-0949657	dialysis	CA	4,746,529	1,590,308	Satellite
(7) Satellite Dialysis of Glenview LLC 300 Santana Row San Jose, CA 95128 23-7290564	DIALYSIS	CA	1,064,965	1,195,811	Satellite
(8) Wellbound of Frederick 300 SANTANA ROW SAN JOSE, CA 95128 26-3751980	DIALYSIS	CA	0	0	WELLBOUND
(9) Satellite Dialysis of San Francisco LLC 300 Santana Row San Jose, CA 95128 46-2500428	Dialysis	CA	0	1,169,102	Satellite
(10) Satellite Healthcare of Chickasaw Garden 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 46-5367659	DIALYSIS	CA	0	0	SATELLITE
(11) Wellbound of Memphis 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 47-1210894	DIALYSIS	CA	0	0	SATELLITE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(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	INVESTMENT	156,266	979,401		No	0	Yes		50 000 %
Satellite Dialysis Central Modesto LLC 300 Santana Row Suite 300 San Jose, CA 95128 20-0292624	Kidney Dialysis	CA	SATELLITE	related	566,332	1,382,194		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	264,276	253,399		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	1,256,758	1,489,820		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	341,473	504,620		No	0	Yes		50 000 %
Ascend Clinical LLC 1400 Industrial Way Redwood City, CA 94063 94-3357013	Lab Services	CA	SATELLITE	related	2,908,667	29,836,363		No	1,542,706	Yes		92 380 %
South County Dialysis 300 Santana Row Suite 300 San Jose, CA 95128 77-0375363	Kidney Dialys	CA	SATELLITE	related	882,606	612,028		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	627,705	494,184		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	775,544	319,209		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	1,032,259	319,951		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	1,421,523	1,761,541		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	1,047,964	760,906		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	444,646	218,537		No	0	Yes		50 000 %
Wellbound of San Leandro LLC 300 Santana Row Suite 300 San Jose, CA 95128	dialysis	CA	wellbound llc	related	84,856	60,000		No	0	Yes		50 000 %
Satellite Dialysis of Lynwood LLC 300 Santana Row Suite 300 San Jose, CA 95128	dialysis	CA	SATELLITE	related	105,091	1,679,649		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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
satellite dialysis of White Road LLC 300 Santana Row Suite 300 San Jose, CA 95128	dialysis	CA	SATELLITE	related	896,089	1,215,768		No	0	Yes		70 000 %
satellite dialysis of san leandro 500 Santana row suite 300 san jose, CA 95128	dialysis	CA	SATELLITE	related	664,897	892,891		No	0	Yes		75 000 %
satellite dialysis of merced 300 santana row suite 300 san jose, CA 95128	dialysis	CA	SATELLITE	related	243,732	814,043		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	66,042	767,444		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	644,066	360,066		No	0	Yes		40 000 %
Satellite Dialysis of Laguna Hills LLC 300 Santana Row Suite 300 San Jose, CA 95128 46-1105162	Dialysis	CA	Satellite	related	-764,173	1,609,392		No	0	Yes		90 000 %
Satellite Dialysis of Los Gatos LLC 300 Santana Row Suite 300 San Jose, CA 95128 45-4476765	Dialysis	CA	Satellite	related	-12,349	1,749,870		No	0	Yes		70 000 %
Satellite Dialysis of South Stockton LLC 300 Santana Row Suite 300 San Jose, CA 95128 45-1128192	Dialysis	CA	Satellite	related	-491,929	1,365,142		No	0	Yes		75 000 %
Satellite Healthcare of Pace Road LLC 300 Santana Row Suite 300 San Jose, CA 95128 26-4422560	Dialysis	CA	Satellite	related	-76,956	651,974		No	0	Yes		60 000 %
Satellite Healthcare of Poplar Avenue 300 Santana Row Suite 300 San Jose, CA 95128 26-3459103	Dialysis	CA	Satellite	related	204,190	756,942		No	0	Yes		60 000 %
Wellbound of Mountain View LLC 300 Santana Row Suite 300 San Jose, CA 95128 45-4476716	Dialysis	CA	Satellite	related	-844	388,724		No	0	Yes		70 000 %
Satellite Dialysis of Capitola LLC 300 santana row suite 300 san jose, CA 95128 46-1804561	dialysis	CA	satellite	related	51,713	2,003,019		No	0	Yes		76 000 %
Satellite Dialysis of Oakland LLC 300 Santana Row Suite 300 San Jose, CA 95128 46-2919562	dialysis	CA	Satellite	related	-973,668	2,716,041		No	0	Yes		85 000 %
Satellite Dialysis West San Leandro LLC 300 Santana Row Suite 300 San Jose, CA 95128 46-2864308	Dialysis	CA	Satellite	related	-685,531	2,711,539		No	0	Yes		90 000 %
Wellbound of Milpitas LLC 300 Santana Row Suite 300 San Jose, CA 95128 42-1684723	Dialysis	CA	Satellite	related	550,440	715,225		No	0	Yes		87 500 %

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Satellite Dialysis of Sunnyvale	Q	2,747,673	Per Agreement
Satellite Dialysis of Sunnyvale	L	617,595	Per Agreement
Satellite Dialysis of Sunnyvale	O	775,324	Per Agreement
Satellite Dialysis of Sunnyvale	R	1,554,957	Per Agreement
Satellite Dialysis of Central Modesto	Q	2,139,510	Per Agreement
Satellite Dialysis of Central Modesto	L	660,045	Per Agreement
Satellite Dialysis of Central Modesto	O	2,222,845	Per Agreement
Satellite Dialysis of Central Modesto	R	738,552	Per Agreement
Satellite Dialysis of San Leandro	L	687,265	Per Agreement
Satellite Dialysis of San Leandro	A	276,166	Per Agreement
Satellite Dialysis of San Leandro	O	2,308,255	Per Agreement
Satellite Dialysis of San Leandro	Q	3,708,290	Per Agreement
Satellite Dialysis of San Leandro	R	461,052	Per Agreement
SATELLITE DIALYSIS OF WHITE ROAD	L	655,431	Per Agreement
SATELLITE DIALYSIS OF WHITE ROAD	O	1,814,366	Per Agreement
SATELLITE DIALYSIS OF WHITE ROAD	Q	3,023,106	Per Agreement
SATELLITE DIALYSIS OF WHITE ROAD	R	307,533	Per Agreement
ASCEND LLC	P	4,793,654	Per Agreement
ASCEND LLC	M	4,815,106	Per Agreement
ASCEND LLC	R	93,777	Per Agreement
WELLBOUND OF MERCER	L	274,758	Per Agreement
WELLBOUND OF MERCER	Q	851,060	Per Agreement
WELLBOUND OF MERCER	R	117,289	Per Agreement
WELLBOUND OF MERCER	A	33,496	Per Agreement
WELLBOUND OF MERCER	O	392,581	Per Agreement

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WELLBOUND OF MODESTO	L	474,894	Per Agreement
WELLBOUND OF MODESTO	Q	1,470,645	Per Agreement
WELLBOUND OF MODESTO	R	264,124	Per Agreement
WELLBOUND OF MODESTO	O	656,934	Per Agreement
WELLBOUND OF MODESTO	A	23,407	Per Agreement
WELLBOUND OF SANTA ROSA	L	363,088	Per Agreement
WELLBOUND OF SANTA ROSA	O	684,946	Per Agreement
WELLBOUND OF SANTA ROSA	A	23,407	Per Agreement
WELLBOUND OF SANTA ROSA	Q	1,335,993	Per Agreement
WELLBOUND OF SANTA ROSA	R	253,789	Per Agreement
WELLBOUND OF MILPITAS	L	318,509	Per Agreement
WELLBOUND OF MILPITAS	O	389,735	Per Agreement
WELLBOUND OF MILPITAS	A	22,325	Per Agreement
WELLBOUND OF MILPITAS	Q	857,380	Per Agreement
WELLBOUND OF MILPITAS	R	105,119	Per Agreement
WELLBOUND OF MOUNTAIN VIEW	R	315,227	Per Agreement
WELLBOUND OF MOUNTAIN VIEW	O	5,395	Per Agreement
WELLBOUND OF MOUNTAIN VIEW	B	700	Per Agreement
WELLBOUND OF MOUNTAIN VIEW	Q	50,000	Per Agreement
SATELLITE DIALYSIS OF POPLAR	R	363,166	Per Agreement
SATELLITE DIALYSIS OF POPLAR	L	369,081	Per Agreement
SATELLITE DIALYSIS OF POPLAR	Q	1,970,827	Per Agreement
SATELLITE DIALYSIS OF POPLAR	O	1,232,720	Per Agreement
SATELLITE DIALYSIS OF PACE	O	847,941	Per Agreement
SATELLITE DIALYSIS OF PACE	R	284,944	Per Agreement

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SATELLITE DIALYSIS OF PACE	L	218,962	Per Agreement
SATELLITE DIALYSIS OF PACE	Q	1,201,825	Per Agreement
SATELLITE DIALYSIS OF LAGUNA HILLS	L	128,510	Per Agreement
SATELLITE DIALYSIS OF LAGUNA HILLS	Q	1,503,703	Per Agreement
SATELLITE DIALYSIS OF LAGUNA HILLS	R	539,722	Per Agreement
SATELLITE DIALYSIS OF LAGUNA HILLS	O	585,941	Per Agreement
SATELLITE DIALYSIS OF SOUTH STOCKTON	L	140,003	Per Agreement
SATELLITE DIALYSIS OF SOUTH STOCKTON	Q	1,688,914	Per Agreement
SATELLITE DIALYSIS OF SOUTH STOCKTON	R	185,657	Per Agreement
SATELLITE DIALYSIS OF SOUTH STOCKTON	O	594,621	Per Agreement
SATELLITE DIALYSIS OF CAPITOLA	L	526,589	Per Agreement
SATELLITE DIALYSIS OF CAPITOLA	O	1,314,235	Per Agreement
SATELLITE DIALYSIS OF CAPITOLA	Q	340,023	Per Agreement
SATELLITE DIALYSIS OF CAPITOLA	R	1,631,444	Per Agreement
SATELLITE DIALYSIS OF CAPITOLA	B	801,262	Per Agreement
SATELLITE DIALYSIS OF LOS GATOS	Q	1,800,000	Per Agreement
SATELLITE DIALYSIS OF LOS GATOS	B	700	Per Agreement
SATELLITE DIALYSIS OF LOS GATOS	O	13,164	Per Agreement
SATELLITE DIALYSIS OF LOS GATOS	R	115,638	Per Agreement
SATELLITE DIALYSIS OF OAKLAND	L	138,766	Per Agreement
SATELLITE DIALYSIS OF OAKLAND	O	697,990	Per Agreement
SATELLITE DIALYSIS OF OAKLAND	Q	600,000	Per Agreement
SATELLITE DIALYSIS OF OAKLAND	R	250,554	Per Agreement
SATELLITE DIALYSIS OF OAKLAND	B	2,167,390	Per Agreement
SATELLITE DIALYSIS OF OAKLAND	A	220,990	Per Agreement

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SATELLITE DIALYSIS OF WEST SAN LEANDRO	L	24,941	Per Agreement
SATELLITE DIALYSIS OF WEST SAN LEANDRO	O	260,335	Per Agreement
SATELLITE DIALYSIS OF WEST SAN LEANDRO	Q	150,000	Per Agreement
SATELLITE DIALYSIS OF WEST SAN LEANDRO	R	9,553	PER AGREEMENT
SATELLITE DIALYSIS OF WEST SAN LEANDRO	B	1,714,705	PER AGREEMENT