See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
SATELLITE HEALTHCARE INC
% HARITA BAJAJ

Doing business as

Number and street (or P O box if mail is not delivered to street address) 300 Santana Row Suite 300 | Room/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 $ 223,179,983

**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 2014 (Part V, line 2a) | **5** | 1,993 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 4,648,473 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 3,925,275 |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 2,004 | 1,700 |
| **9** | Program service revenue (Part VIII, line 2g) | 180,959,560 | 201,290,534 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 6,691,771 | 4,390,247 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,245,193 | 614,290 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 188,898,528 | 206,296,771 |

**Expenses**

| | | | |
|---|---|---|---|
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 3,676,480 | 3,392,290 |
| **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) | 87,082,369 | 97,422,207 |
| **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) | 86,738,745 | 101,082,720 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 177,497,594 | 201,897,217 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 11,400,934 | 4,399,554 |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 429,877,986 | 460,576,788 |
| **21** | Total liabilities (Part X, line 26) | 38,314,816 | 41,379,807 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 391,563,170 | 419,196,981 |

## 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**

****** | 2015-11-10
Signature of officer | 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 | valerie j ball | | | P00178114 |

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 3975 FREEDOM CIRCLE SUITE 100
SANTA CLARA, CA 95052 | Phone no (408) 367-2747

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 $ 153,160,631 including grants of $ ) (Revenue $ 197,343,608 )

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 2014 United States Renal Data System Report shows that of the 636,905 Americans who live with End Stage Renal Disease ("ESRD"), over 449,342 are treated by dialysis Satellite Healthcare owns and operates 72 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (WellBound) providing a variety of treatment options to our patients In 2014, Satellite Healthcare provided over 1,165,640 dialysis treatments and services to over 6,297 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 2014 United States Renal Data System Report shows that of the 636,905 Americans who live with ESRD, about 71 percent (449,342) 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 72 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 2014, Satellite Healthcare provided over 1,165,640 dialysis treatments and services to more than 6,297 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 40 Points of Light Community Programs and Grants o KidneysDoThat org o Social Media 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 40 Points of Light 25 Local charities benefitted and received a $400 donation in support of the group's commitment to improve the lives of people in their community o Amazing Surf Adventures o Walnut Avenue Women's Shelter o People's Grocery o Second Harvest Food Bank o NKF West Tenn o St Mary's Dining Room o Bay Area Association of Kidney Patients o Sacramento Food Bank o Meals at Home o Whistlestop o Through the Looking Glass o Northshore Senior Center o Second Harvest Food Bank (SMC/SCC) o McHenry House Tracy Family Shelter o Center for Human Services o Assistance League of San Jose o Round Rock Area Serving Center o Emergency Food Bank o Hospice of San Joaquin o Sacred Heart Community Service o Catholic Charities of Stockton o Kidney Kamp Foundation o Roseland School District o Friends of Kyle Library o Stepping Stone Growth Center Satellite Healthcare centers developed community programs to improve the quality of life for those in their specific community through the 40 Points of Light Grants Wellness Expos o North Shore medical community- Skokie, IL o Diabetes Health Fair & Grey Bears- Watsonville, CA o Round Rock Annual Health Fair- Austin, TX o Marin Senior Information Fair- Larkspur, CA o Family Kidney Health- Mercer, NJ Brand and Collateral Creative o Sonoma Kidney Crisis Foundation- Windsor, CA Classroom Education o Academy at Westwood High School Education Program- Austin, TX o St Stanislaus Catholic School junior high students- Modesto, CA o Alica N Stroud Elementary school S M I L E after school program- Modesto, CA Kidney Care packages' for homeless and/or serving time in prison o Kyle Correctional Facility- Kyle, TX o Homeless Foundation St James Park- San Jose, CA Cooking classes or CKD friendly meal programs o Council on Aging & Renal Meals on Wheels- Santa Rosa, CA o St Mary's Dining Room- Stockton, CA o Cooking for Capitola at Culinary Arts- Santa Cruz, CA Education & awareness at community events o Sutter Tracy Health Habits expo- Tracy, CA 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 2014, Satellite Healthcare provided more than $1 9 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 Do

**4b** (Code ) (Expenses $ 5,983,097 including grants of $ 3,392,290 ) (Revenue $ 5,621 )

Patient and Community Programs Included Research Programs $2,590,807 Research Grants $3,392,290 See the community benefit 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** ▶ 159,143,728

## 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 | | No |
| 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 | | No |
| 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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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 | 318 | | |
| 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 | 1,993 | | |
| 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | |
| b | Did the sponsoring 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, address, and telephone number of the person who possesses the organization's books and records

▶ 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 to 72014<br>SECRETARY & CEO | 40 0<br>0 0 | X | | X | | | | 1,263,966 | 0 | 72,767 |
| (2) WILLIAM J LONG<br>CHAIRMAN | 10 0<br>0 0 | X | | | | | | 278,000 | 0 | 0 |
| (3) BRADFORD JEFFERIES<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 45,000 | | |
| (4) THOMAS R WILLIAMS<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 62,000 | | |
| (5) DANIEL HERLINGER<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 65,000 | | |
| (6) JOHN PANETTA<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 57,500 | | |
| (7) GLEN CHERTOW<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 57,000 | | |
| (8) RICHARD J BARNETTFrom 92014<br>SECRETARY & CEO | 40 0<br>0 0 | X | | X | | | | 514,800 | 0 | 0 |
| (9) SUSAN DEL BENE<br>CFO | 40 0<br>0 0 | | | X | | | | 499,267 | 0 | 74,659 |
| (10) MARC C BRANSON<br>EVP DIALYSIS | 40 0<br>0 0 | | | | X | | | 712,407 | 0 | 55,547 |
| (11) BRIGITTE SCHILLER MORAN<br>CHIEF MEDICAL OFFICER | 40 0<br>0 0 | | | | | X | | 582,347 | 0 | 82,442 |
| (12) GARY L CELLINI<br>VP STRATEGIC INITIATIVES | 40 0<br>0 0 | | | | | X | | 463,881 | 0 | 74,896 |
| (13) ROSEMARY FOX<br>VP DIALYSIS OPERATIONS | 40 0<br>0 0 | | | | | X | | 526,975 | 0 | 81,858 |
| (14) ROBERT LUNBECK<br>VP OF BUSINESS DEVELOPMENT | 40 0<br>0 0 | | | | | X | | 435,020 | 0 | 85,978 |

**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 | | | |
| (15) ANN ROBAR<br>VP WELLBOUND FACILITIES | 40 0<br>0 0 | | | | | X | | 342,050 | 0 | 78,516 |

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** | | | |
| **d** | **Total (add lines 1b and 1c)** | 5,905,213 | 0 | 606,663 |

**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 ▶ 230

| | | | 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 |
|---|---|---|
| CAPITAL NEPHROLOGY ASSOCIATES LP,<br>PO BOX 81626<br>AUSTIN, TX 78708 | medical directors | 824,348 |
| THE KAISER PERMANENTE MEDICAL,<br>1950 FRANKLIN STREET 18TH FLOOR<br>OAKLAND, CA 94612 | MEDICAL DIRECTORS | 488,692 |
| PALO ALTO MEDICAL FOUNDATION,<br>2350 W EL CAMINO REAL<br>MOUNTAIN VIEW, CA 94040 | MEDICAL DIRECTORS | 408,542 |
| NEPHROLOGY ASSOCIATES,<br>2301 CIRCADIAN WAY<br>SANTA ROSA, CA 95401 | MEDICAL DIRECTORS | 298,150 |
| San Mateo Dialysis Associates,<br>328 Estrella Way<br>SAN MATEO, CA 94403 | Medical Directors | 275,625 |

**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 ▶ 20

## 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 | 1,700 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 1,700 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | Dialysis/Ancillary | 621400 | 185,519,354 | 185,519,354 | | |
| | b | Charity Care | 621400 | -1,544,778 | -1,544,778 | | |
| | c | Laboratory Services | 541900 | 6,307,882 | 2,366,577 | 3,941,305 | |
| | d | MANAGEMENT FEES | 561000 | 11,008,076 | 11,008,076 | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 201,290,534 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 244,487 | | 136,841 | 107,646 |
| | 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 | 21,028,972 | | | | |
| | b | Less cost or other basis and sales expenses | 16,883,212 | | | | |
| | c | Gain or (loss) | 4,145,760 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | 4,145,760 | | | 4,145,760 |
| 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 | 570,327 | | 570,327 | |
| | b | Other Revenue | 900099 | 43,963 | | | 43,963 |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | 614,290 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 206,296,771 | 197,349,229 | 4,648,473 | 4,297,369 |

## 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 domestic organizations and domestic governments See Part IV, line 21 | 3,392,290 | 3,392,290 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,757,913 | 195,342 | 3,562,571 | |
| 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 | 65,620,972 | 52,487,468 | 13,133,504 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,756,106 | 1,714,127 | 1,041,979 | |
| 9 Other employee benefits | 19,798,475 | 13,646,245 | 6,152,230 | |
| 10 Payroll taxes | 5,488,741 | 4,599,584 | 889,157 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 869,809 | 2,393 | 867,416 | |
| c Accounting | 309,309 | 45,883 | 263,426 | |
| d Lobbying | 17,250 | | 17,250 | |
| 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) | 10,844,364 | 5,994,012 | 4,850,352 | |
| 12 Advertising and promotion | 908,776 | 30,926 | 877,850 | |
| 13 Office expenses | 1,296,057 | 850,978 | 445,079 | |
| 14 Information technology | 2,983,623 | 1,427,778 | 1,555,845 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 12,975,399 | 12,691,854 | 283,545 | |
| 17 Travel | 2,066,540 | 1,288,169 | 778,371 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 59,789 | 14,025 | 45,764 | |
| 20 Interest | 141,866 | 1,238 | 140,628 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 12,468,751 | 6,886,312 | 5,582,439 | |
| 23 Insurance | 1,448,067 | 1,159,907 | 288,160 | |
| 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 Supplies | 43,691,694 | 42,941,407 | 750,287 | |
| b Lab Services | 3,333,822 | 3,333,822 | | |
| c Income Tax | 1,288,374 | 184,980 | 1,103,394 | |
| d BAD DEBT EXPENSE | 3,681,107 | 3,681,107 | | |
| e All other expenses | 2,698,123 | 2,573,881 | 124,242 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 201,897,217 | 159,143,728 | 42,753,489 | 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 | | 9,533,444 | 1 | 15,612,045 |
| | 2 | Savings and temporary cash investments | | 17,125,125 | 2 | 12,636,379 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 30,718,483 | 4 | 41,099,366 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 100,000 | 5 | 50,000 |
| | 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 | | 1,214,129 | 8 | 1,591,301 |
| | 9 | Prepaid expenses and deferred charges | | 2,573,235 | 9 | 3,185,002 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 152,943,973 | | | |
| | b | Less accumulated depreciation | 10b 81,715,253 | 65,378,451 | 10c | 71,228,720 |
| | 11 | Investments—publicly traded securities | | 156,634,597 | 11 | 168,134,199 |
| | 12 | Investments—other securities See Part IV, line 11 | | 17,913,000 | 12 | 18,613,288 |
| | 13 | Investments—program-related See Part IV, line 11 | | 69,399,690 | 13 | 71,086,025 |
| | 14 | Intangible assets | | 40,402,162 | 14 | 40,289,719 |
| | 15 | Other assets See Part IV, line 11 | | 18,885,670 | 15 | 17,050,744 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 429,877,986 | 16 | 460,576,788 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 28,316,692 | 17 | 34,374,228 |
| | 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 | | 9,100,009 | 23 | 6,300,009 |
| | 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 | | 898,115 | 25 | 705,570 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 38,314,816 | 26 | 41,379,807 |
| 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 | | 391,563,170 | 27 | 419,196,981 |
| | 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 | | 391,563,170 | 33 | 419,196,981 |
| | 34 | Total liabilities and net assets/fund balances | | 429,877,986 | 34 | 460,576,788 |

## 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 | 206,296,771 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 201,897,217 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,399,554 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 391,563,170 |
| 5 | Net unrealized gains (losses) on investments | 5 | 10,965,398 |
| 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 | 12,268,859 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 419,196,981 |

## 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 | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

# 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.**

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

OMB No 1545-0047

**2014**

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | **14** |
| 15 | Public support percentage for 2013 Schedule A, Part II, line 14 | **15** |

**16a** **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

**b** **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.* | 11c | | |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | 2 | | |

### Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* | 3b | | |

## Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____ | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. . . . . | | | |
| b From 2010. . . . . | | | |
| c From 2011. . . . . | | | |
| d From 2012. . . . . | | | |
| e From 2013. . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 $ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. . . . . | | | |
| b From 2011. . . . . | | | |
| c From 2012. . . . . | | | |
| d From 2013. . . . . | | | |
| e From 2014. . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

# 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.

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

OMB No 1545-0047

**2014**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (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 | | 17,250 |
| j | Total Add lines 1c through 1i | | | 17,250 |
| 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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| Part II-B | 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

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

OMB No 1545-0047

**2014**

**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 value of contributions to (during year) | | |
| 3 | Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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 | | 17,727,371 | 7,490,788 | 10,236,583 |
| c Leasehold improvements | | 50,002,060 | 22,585,162 | 27,416,898 |
| d Equipment | | 72,317,070 | 48,688,681 | 23,628,389 |
| e Other | | 12,897,472 | 2,950,622 | 9,946,850 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 71,228,720 |

**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 | 71,086,025 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | 71,086,025 | |

**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 | 407,255 |
| DEFERRED RENT | 298,315 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 705,570 |

**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 (losses) 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 |
|---|---|
| ASC 740 | The Company has evaluated its current tax positions and has concluded that as of December 31, 2014 and 2013, 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

**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

**2014**

**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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 14

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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 Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| COLUMBIA UNIVERSITY<br>154 HAVEN AVENUE 2ND FLOOR R203F<br>NEW YORK, NY 10032 | 13-5598093 | 501c(3) | 150,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 HOSPITAL101 HUNTINGTON AVE SUITE 300 BOSTON,MA 02199 | 04-1564655 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 UNIVERSITY1639 PIERCE DRIVE ROOM 338A ATLANTA,GA 30322 | 58-0566256 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 AT DENVER<br>12700 EASET 19TH AVE<br>OFFICE 7018<br>AURORA,CO 80045 | 84-6000555 | 501c(3) | 100,000 | | | | RESEARCH Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 SOUTHWESTERN MEDICAL CENTER1950 N STEMMANS FWY SUITE 5010 DALLAS,TX 75207 | 75-1573968 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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<br>95000 GILMAN DRIVE MC 0934<br>LA JOLLA,CA 92093 | 95-6006144 | 501c(3) | 100,000 | | | | RESEARCH Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 CENTER1950 N STEMMANS FWY SUITE 5010 DALLAS,TX 75390 | 75-1573968 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 UNIVERSITY1599 CLIFTON ROAD 4TH FLOOR ATLANTA,GA 30322 | 58-0566256 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| COLUMBIA UNIVERSITY<br>722 EST 168TH STREET<br>BOX 49<br>NEW YORK, NY 10032 | 13-5598093 | 501c(3) | 25,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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<br>3172 PORTER DRIVE SUITE 210<br>CALIFORNIA,CA 94304 | 94-1156365 | 501c(3) | 86,400 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| THE UNIVERSITY OF CHICAGO5235 S HARPER COURT 4TH FLOOR CHICAGO,IL 60615 | 36-2177139 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| INDIANA UNIVERSITYPO BOX 78000 DETRIOT,MI 48278 | 35-6001673 | 501c(3) | 100,000 | | | | Research |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 FOUNDATION6110 EXECUTIVE BLVD ROCKVILLE,MD 20852 | 23-7124261 | 501c(3) | 1,812,672 | | | | Kidney Disease |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 FOUNDATION131 STEWART STREET SUITE 520 SAN FRANCISCO,CA 94105 | 94-6130713 | 501c(3) | 281,643 | | | | Kidney Disease |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

**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.**

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

OMB No 1545-0047

**2014**

**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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ 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<br>☑ Compensation committee ☐ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ 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** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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 in column(B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

## 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, Part I, Line 4a | The following listed persons received payments pursuant to a severance plan providing payments for one year after termination of employment Mark Burke - $206,562 Marc Branson - $272,249 Gary L Cellini - $39,867 |
| Schedule J, Part I, Line 4b | Certain persons listed on Form 990 Part VII participated in a Section 457(f) nonqualified deferred compensation plan During the year the following personS received a payout from the plan Mark Burke $80,191, Gary Cellini, $37,174 |
| Schedule J, Part II, Line 2 | William Long was compensated $182,000 for consulting services provided subsequent to the CEO's retirement and before the new CEO was on board Mr Long was also compensated $96,000 for his duties as a director and Chairman of the Board |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-7290564
**Name:** SATELLITE HEALTHCARE INC

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| **1** MARK BURKE to 72014, SECRETARY & CEO | (I) | 413,187 | 341,993 | 508,786 | 54,654 | 18,113 | 1,336,733 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1** WILLIAM J LONG, CHAIRMAN | (I) | 278,000 | 0 | 0 | 0 | 0 | 278,000 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** MARC C BRANSON, EVP DIALYSIS | (I) | 232,717 | 219,910 | 259,780 | 39,482 | 16,065 | 767,954 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** SUSAN DEL BENE, CFO | (I) | 286,637 | 197,213 | 15,417 | 51,053 | 23,606 | 573,926 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** BRIGITTE SCHILLER MORAN, CHIEF MEDICAL OFFICER | (I) | 345,532 | 196,428 | 40,387 | 56,100 | 26,342 | 664,789 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** RICHARD J BARNETTFrom 92014, SECRETARY & CEO | (I) | 145,833 | 203,448 | 165,519 | 0 | 0 | 514,800 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** GARY L CELLINI, VP STRATEGIC INITIATIVES | (I) | 189,958 | 104,053 | 169,870 | 49,229 | 25,667 | 538,777 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** ROSEMARY FOX, VP DIALYSIS OPERATIONS | (I) | 278,193 | 153,368 | 95,414 | 55,108 | 26,750 | 608,833 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8** ROBERT LUNBECK, VP OF BUSINESS DEVELOPMENT | (I) | 272,008 | 161,413 | 1,599 | 56,100 | 29,878 | 520,998 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9** ANN ROBAR, VP WELLBOUND FACILITIES | (I) | 208,080 | 114,948 | 19,022 | 54,120 | 24,396 | 420,566 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

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

OMB No 1545-0047

**2014**

**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), section 501(c)(4), and 501(c)(29) 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 | (d) Corrected? 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 | (d) Loan to or from the organization? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) Brigitte S Moran | employee | RELOCATION LOAN | | X | 250,000 | 50,000 | | No | Yes | | Yes | |
| Total | ▶ $ | | | | | 50,000 | | | | | | |

## Part III Grants or Assistance Benefiting 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 |
|---|---|

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525 |
|---|---|---|

**SCHEDULE O**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| SATELLITE HEALTHCARE INC | 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 12C | 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 2014 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, Other Changes in net assets or fund balance | Current Year Reclass of negative investments $17,617,169 Schedule K-1 additions $(4,078,146) Intercompany Transfers $(1,270,164) ---------- Total changes in net assets $12,268,859 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315026525

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

OMB No 1545-0047

**2014**

**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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** Satellite Health Plan Inc<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>45-5521368 | insurance | CA | Satellite | C CORPORATION | 6,266,603 | 4,027,021 | 100 000 % | Yes | |

**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 | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | Yes | |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| **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 | | No |
| **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 | | No |
| **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 |
|---|---|---|---|---|---|
| Satellite Healthcare Central States LLC<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>20-5475344 | dialysis | CA | 36,178,893 | 45,430,687 | SATELLITE |
| Wellbound LLC<br>300 Santana row SUITE 300<br>San Jose, CA 95128<br>36-4510754 | DIALYSIS | CA | 6,841,138 | 10,253,160 | SATELLITE |
| Wellbound of Emeryville LLC<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>20-1536908 | DIALYSIS | CA | 10,039,435 | 5,205,802 | Wellbound |
| Wellbound of San Jose LLC<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>80-0060772 | DIALYSIS | CA | 10,104,301 | 1,386,424 | Satellite |
| Wellbound of Vallejo LLC<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>56-2590049 | DIALYSIS | CA | 2,858,907 | 1,465,146 | Wellbound |
| WELLBOUND OF HOUSTON llc<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>64-0949650 | DIALYSIS | CA | 2,235,828 | 713,895 | Wellbound |
| wellbound of menlo park llc<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>71-0949657 | dialysis | CA | 5,391,940 | 1,692,495 | Satellite |
| Satellite Dialysis of Glenview LLC<br>300 Santana Row SUITE 300<br>San Jose, CA 95128<br>23-7290564 | DIALYSIS | CA | 1,232,218 | 1,114,118 | Satellite |
| Wellbound of Frederick<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128<br>26-3751980 | DIALYSIS | CA | 0 | 0 | WELLBOUND |
| Satellite Healthcare of Chickasaw Garden<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128<br>46-5367659 | DIALYSIS | CA | 0 | 2,436,822 | SATELLITE |
| Satellite Healthcare of North San Mateo<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128 | DIALYSIS | CA | 0 | 0 | SATELLITE |
| Satellite Healthcare South Germantown<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128<br>46-5606667 | DIALYSIS | CA | 0 | 1,896,802 | SATELLITE |
| SATELLITE HEALTHCARE SILVER CREEK LLC<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128 | DIALYSIS | CA | 0 | 0 | SATELLITE |
| WELLBOUND OF NORTH MODESTO LLC<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128 | DIALYSIS | CA | 0 | 0 | SATELLITE |
| SATELLITE HEALTHCARE MOUNTAIN VIEW LLC<br>300 SANTANA ROW SUITE 300<br>SAN JSOE, CA 95128 | DIALYSIS | CA | 0 | 0 | SATELLITE |
| SATELLITE HEALTHCARE SAN JOSE LLC<br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128 | 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? Yes | (h) No | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Satellite 10100 Trinity LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>20-3633413 | Real Estate | CA | SATELLITE | INVESTMENT | 147,992 | 899,997 | | No | 0 | Yes | | 50 000 % |
| Satellite Dialysis Central Modesto LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>20-0292624 | Kidney Dialysis | CA | SATELLITE | RELATED | 682,718 | 1,372,328 | | No | 0 | Yes | | 65 000 % |
| Satellite Dialysis of Orange LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>26-1600698 | Kidney Dialysis | CA | SATELLITE | related | 320,091 | 113,033 | | No | 0 | Yes | | 50 000 % |
| Satellite Dialysis of Sunnyvale LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>32-0011450 | Kidney Dialysis | CA | SATELLITE | related | 952,125 | 1,067,268 | | No | 0 | Yes | | 60 000 % |
| Satellite Dialysis of Tracy LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>26-1601086 | Kidney Dialysis | CA | SATELLITE | related | 202,106 | 661,247 | | No | 0 | Yes | | 50 000 % |
| Ascend Clinical LLC<br><br>1400 Industrial Way<br>Redwood City, CA 94063<br>94-3357013 | Lab Services | CA | SATELLITE | related | 5,891,556 | 26,214,616 | | No | 3,941,305 | Yes | | 92 380 % |
| South County Dialysis<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>77-0375363 | Kidney Dialysis | CA | SATELLITE | related | 866,046 | 506,869 | | No | 0 | Yes | | 50 000 % |
| Wellbound of Evanston LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>11-3791018 | Kidney Dialysis | CA | wellbound llc | related | 679,939 | 770,260 | | No | 0 | Yes | | 50 000 % |
| Wellbound of Lafayette LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>86-1161083 | Kidney Dialysis | CA | wellbound llc | related | 420,438 | 265,395 | | No | 0 | Yes | | 50 000 % |
| Wellbound of Mercer LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>71-1019018 | Kidney Dialysis | CA | wellbound llc | related | 256,512 | 255,063 | | No | 0 | Yes | | 80 000 % |
| Wellbound of Modesto LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>74-3104534 | Kidney Dialysis | CA | SATELLITE | related | 1,355,193 | 1,567,954 | | No | 0 | Yes | | 80 000 % |
| Wellbound of Santa Rosa LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>20-2185548 | Kidney Dialysis | CA | SATELLITE | related | 1,121,139 | 921,891 | | No | 0 | Yes | | 80 000 % |
| Wellbound of Stockton LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>20-3030592 | Kidney Dialysis | CA | wellbound llc | related | 416,255 | 196,290 | | No | 0 | Yes | | 50 000 % |
| Wellbound of San Leandro LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128 | kidney dialysis | CA | wellbound llc | related | 157,414 | 194,458 | | No | 0 | Yes | | 50 000 % |
| Satellite Dialysis of Lynwood LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128 | kidney dialysis | CA | SATELLITE | related | 152,118 | 1,086,422 | | 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? Yes | (h) No | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| satellite dialysis of White Road LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128 | kidney dialysis | CA | SATELLITE | related | 1,287,520 | 1,123,914 | | No | 0 | Yes | | 70 000 % |
| satellite dialysis of san leandro<br><br>500 Santana row suite 300<br>san jose, CA 95128 | kidney dialysis | CA | SATELLITE | related | 404,852 | 794,132 | | No | 0 | Yes | | 75 000 % |
| satellite dialysis of merced<br><br>300 santana row suite 300<br>san jose, CA 95128 | kidney dialysis | CA | SATELLITE | related | 308,621 | 645,485 | | No | 0 | Yes | | 50 000 % |
| Satellite Dialysis of Morgan Hill<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>27-3362731 | kidney dialysis | CA | SATELLITE | related | 118,527 | 715,148 | | No | 0 | Yes | | 50 000 % |
| Satellite Dialysis of Stockton LLC<br><br>300 SANTANA ROW SUITE 300<br>SAN JOSE, CA 95128<br>20-3966186 | kidney dialysis | CA | SATELLITE | related | 443,777 | 315,697 | | No | 0 | Yes | | 40 000 % |
| Satellite Dialysis of Laguna Hills LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>46-1105162 | kidney dialysis | CA | Satellite | related | -111,866 | 1,170,942 | | No | 0 | Yes | | 90 000 % |
| Satellite Dialysis of Los Gatos LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>45-4476765 | kidney dialysis | CA | Satellite | related | -498,562 | 2,051,884 | | No | 0 | Yes | | 70 000 % |
| Satellite Dialysis of South Stockton LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>45-1128192 | kidney dialysis | CA | Satellite | related | -92,038 | 1,106,816 | | No | 0 | Yes | | 75 000 % |
| Satellite Healthcare of Pace Road LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>26-4422560 | kidney dialysis | CA | Satellite | related | -141,087 | 544,244 | | No | 0 | Yes | | 60 000 % |
| Satellite Healthcare of Poplar Avenue<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>26-3459103 | kidney dialysis | CA | Satellite | related | 61,265 | 1,307,977 | | No | 0 | Yes | | 60 000 % |
| Wellbound of Mountain View LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>45-4476716 | kidney dialysis | CA | Satellite | related | -142,769 | 819,385 | | No | 0 | Yes | | 70 000 % |
| Satellite Dialysis of Capitola LLC<br><br>300 santana row suite 300<br>san jose, CA 95128<br>46-1804561 | kidney dialysis | CA | satellite | related | 1,104,401 | 2,390,946 | | No | 0 | Yes | | 76 000 % |
| Satellite Dialysis of Oakland LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>46-2919562 | kidney dialysis | CA | Satellite | related | 75,596 | 2,533,293 | | No | 0 | Yes | | 85 000 % |
| Satellite Dialysis West San Leandro LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>46-2864308 | kidney dialysis | CA | Satellite | related | -909,303 | 2,951,067 | | No | 0 | Yes | | 90 000 % |
| Wellbound of Milpitas LLC<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>42-1684723 | kidney dialysis | CA | Satellite | related | 256,127 | 335,638 | | No | 0 | Yes | | 87 500 % |

## 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? Yes | (h) No | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Wellbound of Memphis<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>47-1210894 | Kidney Dialysis | CA | Satellite | Related | -2,923 | 595,854 | | No | 0 | Yes | | 54 000 % |
| Satellite Dialysis of San Francisco<br><br>300 Santana Row Suite 300<br>San Jose, CA 95128<br>46-2500428 | Kidney Dialysis | CA | Satellite | Related | -478,632 | 2,898,440 | | No | 0 | Yes | | 90 000 % |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| Satellite Dialysis of Capitola LLC | l | 544,395 | Per Agreement |
| Satellite Dialysis of Capitola LLC | o | 1,457,653 | Per Agreement |
| Satellite Dialysis of Capitola LLC | p | 1,577,712 | Per Agreement |
| Satellite Dialysis of Capitola LLC | r | 498,953 | Per Agreement |
| Satellite Dialysis of Central Modesto LLC | l | 644,909 | Per Agreement |
| Satellite Dialysis of Central Modesto LLC | o | 2,086,982 | Per Agreement |
| Satellite Dialysis of Central Modesto LLC | p | 1,642,131 | Per Agreement |
| Satellite Dialysis of Central Modesto LLC | r | 1,217,866 | Per Agreement |
| Satellite Dialysis of Laguna Hills LLC | l | 209,461 | Per Agreement |
| Satellite Dialysis of Laguna Hills LLC | o | 731,336 | Per Agreement |
| Satellite Dialysis of Laguna Hills LLC | p | 895,227 | Per Agreement |
| Satellite Dialysis of Laguna Hills LLC | r | 54,146 | Per Agreement |
| Satellite Dialysis of Los Gatos LLC | l | 23,248 | Per Agreement |
| Satellite Dialysis of Los Gatos LLC | o | 257,925 | Per Agreement |
| Satellite Dialysis of Los Gatos LLC | p | 650,000 | Per Agreement |
| Satellite Dialysis of Los Gatos LLC | h | 9,400 | Per Agreement |
| Satellite Dialysis of Los Gatos LLC | r | 69,420 | Per Agreement |
| Satellite Dialysis of Lynwood LLC | l | 340,090 | Per Agreement |
| Satellite Dialysis of Lynwood LLC | o | 155,033 | Per Agreement |
| Satellite Dialysis of Lynwood LLC | p | 2,434,259 | Per Agreement |
| Satellite Dialysis of Lynwood LLC | r | 351,762 | Per Agreement |
| Satellite Dialysis of Merced LLC | l | 441,505 | Per Agreement |
| Satellite Dialysis of Merced LLC | o | 1,297,261 | Per Agreement |
| Satellite Dialysis of Merced LLC | p | 2,021,400 | Per Agreement |
| Satellite Dialysis of Merced LLC | r | 247,594 | Per Agreement |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| Satellite Dialysis of Morgan Hill LLC | l | 322,500 | Per Agreement |
| Satellite Dialysis of Morgan Hill LLC | o | 835,700 | Per Agreement |
| Satellite Dialysis of Morgan Hill LLC | p | 620,707 | Per Agreement |
| Satellite Dialysis of Morgan Hill LLC | r | 390,664 | Per Agreement |
| Satellite Dialysis of Oakland LLC | l | 450,629 | Per Agreement |
| Satellite Dialysis of Oakland LLC | o | 1,471,692 | Per Agreement |
| Satellite Dialysis of Oakland LLC | a(iv) | 378,840 | Per Agreement |
| Satellilte Dialysis of Oakland LLC | p | 1,335,073 | Per Agreement |
| Satellite Dialysis of Oakland LLC | r | 4,487,342 | Per Agreement |
| Satellite Dialysis of Orange LLC | l | 632,763 | Per Agreement |
| Satellite Dialysis of Orange LLC | o | 1,883,346 | Per Agreement |
| Satellite Dialysis of Orange LLC | p | 2,997,296 | Per Agreement |
| Satellite Dialysis of Orange LLC | r | 474,452 | Per Agreement |
| Satellite Dialysis of San Francsico LLC | l | 17,074 | Per Agreement |
| Satellite Dialysis of San Francsico LLC | o | 193,535 | Per Agreement |
| Satellite Dialysis of San Francsico LLC | p | 3,050,000 | Per Agreement |
| Satellite Dialysis of San Francsico LLC | r | 106,461 | Per Agreement |
| Satellite Dialysis of San Francsico LLC | b | 763,504 | Per Agreement |
| Satellite Dialysis of San Leandro LLC | l | 580,968 | Per Agreement |
| Satellite Dialysis of San Leandro LLC | o | 1,939,377 | Per Agreement |
| Satellie Dialysis of San Leandro LLC | a(iv) | 276,526 | Per Agreement |
| Satellite Dialysis of San Leandro LLC | p | 3,350,119 | Per Agreement |
| Satellite Dialysis of San Leandro LLC | r | 483,418 | Per Agreement |
| Satellite Dialysis of South Stockton LLC | l | 273,169 | Per Agreement |
| Satellite Dialysis of South Stockton LLC | o | 937,618 | Per Agreement |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| Satellite Dialysis of South Stockton LLC | p | 778,405 | Per Agreement |
| Satellite Dialysis of South Stockton LLC | r | 234,873 | Per Agreement |
| Satellite Dialysis of Sunnyvale LLC | l | 623,158 | Per Agreement |
| Satellite Dialysis of Sunnyvale LLC | o | 2,157,361 | Per Agreement |
| Satellite Dialysis of Sunnyvale LLC | p | 3,047,663 | Per Agreement |
| Satellite Dialysis of Sunnyvale LLC | r | 64,971 | Per Agreement |
| Satellite Dialysis of Tracy LLC | l | 270,748 | Per Agreement |
| Satellite Dialysis of Tracy LLC | o | 969,691 | Per Agreement |
| Satellite Dialysis of Tracy LLC | p | 815,541 | Per Agreement |
| Satellite Dialysis of Tracy LLC | r | 334,786 | Per Agreement |
| Satellite Dialysis of West San Leandro LLC | l | 166,645 | Per Agreement |
| Satellite Dialysis of West San Leandro LLC | o | 653,422 | Per Agreement |
| Satellite Dialysis of West San Leandro LLC | p | 2,362,733 | Per Agreement |
| Satellite Dialysis of West San Leandro LLC | r | 1,218,737 | Per Agreement |
| Satellite Dialysis of White Road LLC | l | 641,075 | Per Agreement |
| Satellite Dialysis of White Road LLC | o | 1,665,775 | Per Agreement |
| Satellite Dialysis of White Road LLC | p | 2,610,105 | Per Agreement |
| Satellite Dialysis of White Road LLC | r | 307,236 | Per Agreement |
| Satellite Healthcare Pace Road LLC | l | 217,129 | Per Agreement |
| Satellite Healthcare Pace Road LLC | o | 933,527 | Per Agreement |
| Satellite Healthcare Pace Road LLC | p | 1,513,587 | Per Agreement |
| Satellite Healthcare Pace Road LLC | r | 228,600 | Per Agreement |
| Satellite Dialysis of Poplar Road LLC | l | 412,321 | Per Agreement |
| Satellite Dialysis of Poplar Road LLC | o | 136,351 | Per Agreement |
| Satellite Dialysis of Poplar Road LLC | p | 2,077,434 | Per Agreement |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| Satellite Dialysis of Poplar Road LLC | r | 363,503 | Per Agreement |
| Wellbound of Evanston LLC | l | 303,398 | Per Agreement |
| Wellbound of Evanston LLC | j | 49,679 | Per Agreement |
| Wellbound of Evanston LLC | o | 565,827 | Per Agreement |
| Wellbound of Evanston LLC | p | 1,112,124 | Per Agreement |
| Wellbound of Evanston LLC | r | 201,097 | Per Agreement |
| Wellbound of Lafayette LLC | l | 271,599 | Per Agreement |
| Wellbound of Lafayette LLC | j | 40,798 | Per Agreement |
| Wellbound of Lafayette LLC | o | 486,418 | Per Agreement |
| Wellbound of Lafayette LLC | p | 941,357 | Per Agreement |
| Wellbound of Lafayette LLC | r | 134,676 | Per Agreement |
| Wellbound of Mercer LLC | l | 215,439 | Per Agreement |
| Wellbound of Mercer LLC | j | 27,947 | Per Agreement |
| Wellbound of Mercer LLC | o | 405,975 | Per Agreement |
| Wellbound of Mercer LLC | p | 926,135 | Per Agreement |
| Wellbound of Mercer LLC | r | 277,331 | Per Agreement |
| Wellbound of Milpitas LLC | l | 345,714 | Per Agreement |
| Wellbound of Milpitas LLC | j | 17,463 | Per Agreement |
| Wellbound of Milpitas LLC | a(iv) | 40,451 | Per Agreement |
| Wellbound of Milpitas LLC | o | 333,708 | Per Agreement |
| Wellbound of Milpitas LLC | p | 843,332 | Per Agreement |
| Wellbound of Milpitas LLC | r | 150,493 | Per Agreement |
| Wellbound of Modesto LLC | l | 527,234 | Per Agreement |
| Wellbound of Modesto LLC | j | 24,515 | Per Agreement |
| Wellbound of Modesto LLC | o | 832,460 | Per Agreement |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| Wellbound of Modesto LLC | p | 1,618,645 | Per Agreement |
| Wellbound of Modesto LLC | r | 189,427 | Per Agreement |
| Wellbound of Mountain View LLC | l | 34,645 | Per Agreement |
| Wellbound of Mountain View LLC | j | 3,646 | Per Agreement |
| Wellbound of Mountain View LLC | a(iv) | 115,999 | Per Agreement |
| Wellbound of Mountain View LLC | o | 229,760 | Per Agreement |
| Wellbound of Mountain View LLC | r | 200,000 | Per Agreement |
| Wellbound of Mountain View LLC | r | 59,317 | Per Agreement |
| Wellbound of San Leandro LLC | l | 169,545 | Per Agreement |
| Wellbound of San Leandro LLC | j | 17,722 | Per Agreement |
| Wellbound of San Leandro LLC | o | 395,896 | Per Agreement |
| Wellbound of San Leandro LLC | p | 785,009 | Per Agreement |
| Wellbound of San Leandro LLC | r | 94,511 | Per Agreement |
| Wellbound of Santa Rosa LLC | l | 421,340 | Per Agreement |
| Wellbound of Santa Rosa LLC | j | 21,769 | Per Agreement |
| Wellbound of Santa Rosa LLC | a(iv) | 51,040 | Per Agreement |
| Wellbound of Santa Rosa LLC | o | 678,576 | Per Agreement |
| Wellbound of Santa Rosa LLC | p | 1,330,657 | Per Agreement |
| Wellbound of Santa Rosa LLC | r | 150,832 | Per Agreement |
| Wellbound of Stockton LLC | l | 273,398 | Per Agreement |
| Wellbound of Stockton LLC | j | 35,158 | Per Agreement |
| Wellbound of Stockton LLC | o | 478,799 | Per Agreement |
| Wellbound of Stockton LLC | p | 1,003,699 | Per Agreement |
| Wellbound of Stockton LLC | r | 221,307 | Per Agreement |
| Satellite Laboratory Services | p | 5,585,640 | Per Agreement |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|
| Satellite Laboratory Services | m | 5,614,739 | Per Agreement |