

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

D Employer identification number: **23-7290564**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 Santana Row Suite 300

E Telephone number: **(650) 404-3600**

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

G Gross receipts \$ **357,125,123**

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 AFFECTED.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,642
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,899,627
7b Net unrelated business taxable income from Form 990-T, line 39	7b	2,226,907

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	245,096,012	253,544,564
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,441,885	14,637,320
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,621	420,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,701,518	268,601,884
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,631,122	3,470,377
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)	133,076,811	136,546,991
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)	139,336,759	145,209,945
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	276,044,692	285,227,313
19 Revenue less expenses. Subtract line 18 from line 12	-21,343,174	-16,625,429

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	493,269,228	522,532,090
21 Total liabilities (Part X, line 26)	48,883,299	57,038,775
22 Net assets or fund balances. Subtract line 21 from line 20	444,385,929	465,493,315

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2020-11-11
 SUSAN DEL BENE CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-11-11
 Check if self-employed PTIN: P01959812
 Firm's name ▶ KPMG LLP Firm's EIN ▶ _____
 Firm's address ▶ 55 Second Street 1400 Phone no. (408) 367-2747
 San Francisco, CA 94105

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 \$ 195,737,505 including grants of \$ 2,970,377) (Revenue \$ 251,517,857)
See Additional Data

4b (Code:) (Expenses \$ 3,310,633 including grants of \$ 500,000) (Revenue \$ 201,297)
See Additional Data

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 ▶ 199,048,138

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	349
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

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable officer).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Compliance monitoring), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO/Exec Director), 15b (Other officers), 16a (Joint venture investment), 16b (Joint venture policy).

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-A 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.
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.

See instructions for the order in which to list the persons above.

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) RICHARD J BARNETT PRESIDENT & CEO	40.0 0.0	X		X				1,407,794	0	51,100
(2) SUSAN DEL BENE SECRETARY & CFO	40.0 0.0			X				866,691	0	37,536
(3) BRIGITTE SCHILLER MORA CHIEF MEDICAL OFFICER	40.0 0.0				X			813,609	0	58,891
(4) ESTRELLA MARIA PARKER VP CHIEF HR OFFICER	40.0 0.0					X		711,375	0	47,254
(5) BERNADETTE N VINCENT COO	40.0 0.0				X			616,196	0	32,088
(6) MARSHA DODD CHIEF BI OFFICER	40.0 0.0					X		594,001	0	32,667
(7) SHAMYO CHATTERJEE CHIEF TECHNOLOGY OFFICER	40.0 0.0					X		469,276	0	35,667
(8) Keith W Lester SVP Optimal Life	40.0 0.0					X		337,175	0	35,157
(9) Waraporn Anantiyo VP Home Services	40.0 0.0					X		298,989	0	53,506
(10) CHRISTOBEL SELECKY Chairman	4.0 0.0	X						122,000	0	0
(11) LUIS ALVAREZ DIRECTOR	3.0 0.0	X						87,000	0	0
(12) JOHN PANETTA DIRECTOR	3.0 0.0	X						82,000	0	0
(13) THOMAS WILLIAMS DIRECTOR	3.0 0.0	X						76,000	0	0
(14) GLEN CHERTOW DIRECTOR	3.0 0.0	X						73,000	0	0
(15) ROBERT FAHLMAN DIRECTOR	3.0 0.0	X						72,000	0	0
(16) Elizabeth Burr Director	3.0 0.0	X						67,000	0	0
(17) Sarah Blanchard Director (from 6/2019)	3.0 0.0	X						16,000	0	0

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for DIALYSIS/ANCILLARY, CHARITY CARE, LABORATORY SERVICES, etc., and 2g Total.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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	3,410,377	3,410,377		
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.	60,000	60,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,478,905	5,160	4,473,745	
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	88,818,074	61,416,474	27,401,600	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,823,929	2,620,386	1,203,543	
9 Other employee benefits	32,027,723	17,697,478	14,330,245	
10 Payroll taxes	7,398,360	5,250,743	2,147,617	
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,214,006	120	2,213,886	
c Accounting	319,686	50,666	269,020	
d Lobbying	43,308	43,308		
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)	22,855,336	10,581,775	12,273,561	
12 Advertising and promotion	1,585,219	3,064	1,582,155	
13 Office expenses	2,440,727	1,345,653	1,095,074	
14 Information technology	5,304,303	857,114	4,447,189	
15 Royalties	0			
16 Occupancy	20,042,728	18,106,799	1,935,929	
17 Travel	4,085,454	1,129,971	2,955,483	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	51,125	747	50,378	
20 Interest	514,587		514,587	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,286,758	8,471,503	6,815,255	
23 Insurance	1,650,785	1,175,132	475,653	
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	61,648,203	60,687,689	960,514	
b LAB SERVICES	3,876,349	3,874,833	1,516	
c INCOME TAX	550,535	71,060	479,475	
d BAD DEBTS	1,957,708	1,957,708		
e All other expenses	783,128	230,378	552,750	
25 Total functional expenses. Add lines 1 through 24e	285,227,313	199,048,138	86,179,175	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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	22,584,058	1	4,288,182
	2 Savings and temporary cash investments	9,274,025	2	12,568,404
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	35,579,981	4	33,236,074
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	93,750	5	208,750
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,555,000	8	3,191,698
	9 Prepaid expenses and deferred charges	4,188,483	9	4,815,986
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 194,224,728		
	b Less: accumulated depreciation	10b 128,174,777	58,147,660	10c 66,049,951
	11 Investments—publicly traded securities	189,990,116	11	221,324,745
	12 Investments—other securities. See Part IV, line 11	14,332,943	12	13,133,902
	13 Investments—program-related. See Part IV, line 11	97,662,472	13	104,813,065
	14 Intangible assets	38,963,900	14	38,711,799
	15 Other assets. See Part IV, line 11	19,896,840	15	20,189,534
16 Total assets. Add lines 1 through 15 (must equal line 34)	493,269,228	16	522,532,090	
Liabilities	17 Accounts payable and accrued expenses	34,319,981	17	46,163,418
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	13,816,676	23	9,516,676
	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	746,642	25	1,358,681
	26 Total liabilities. Add lines 17 through 25	48,883,299	26	57,038,775
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	444,385,929	27	465,493,315
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	444,385,929	32	465,493,315	
33 Total liabilities and net assets/fund balances	493,269,228	33	522,532,090	

Part XI Reconciliation 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	268,601,884
2	Total expenses (must equal Part IX, column (A), line 25)	2	285,227,313
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,625,429
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	444,385,929
5	Net unrealized gains (losses) on investments	5	23,876,270
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	13,856,545
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	465,493,315

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 23-7290564

Name: SATELLITE HEALTHCARE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

Kidney Dialysis In-Center Chronic Kidney Disease ("CKD") is a public health problem in the United States that impacts approximately 28 million Americans. It is well known that hypertension and diabetes are two leading causes of kidney failure. The 2019 United States Renal Data System Report shows that over 746,557 Americans who live with End Stage Renal Disease ("ESRD"), close to 72% are treated by dialysis. Satellite Healthcare owns and operates 81 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (WellBound) providing a variety of treatment options to our patients. In 2019, Satellite Healthcare provided over 1,462,799 dialysis treatments and services to over 8,301 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 2019 At Satellite Healthcare, our mission is to make life better for patients living with kidney disease. Our dedication to patient care extends beyond the doors of our dialysis centers and directly into the communities we serve. Collectively and individually, our organization and staff contribute time, talent and monies to address and build awareness of kidney disease. The 2019 calendar year held special significance as it marked the 45th anniversary of Satellite Healthcare. We were founded in 1974 as a not-for-profit dialysis provider by Stanford nephrologist Norman S. Coplon, MD. Over the years, we have become known for informative kidney education, high quality dialysis services and advancing kidney care through research. We are a community asset with no owners, investors or shareholders. Any extra funds from operations are invested back into patient services, new research and education initiatives and to continue our longstanding charitable efforts. In 2019, our Community Benefit contributions totaled \$13.81 million. Satellite Healthcare supported activities of not-for-profit organizations that are working wonders in our neighborhoods. Additionally, we provided scholarships, internships and fellowships. The stories we hear are amazing and we see the ripple effect, as the people we help pass on the benefits of that investment by helping others. Some highlights include: Bringing kidney education and health screenings to at-risk communities, Satellite Healthcare sponsored Kidney Action Day with the American Kidney Fund in San Jose, California and Memphis, Tennessee. The day featured health education, cooking demonstrations, games and screenings for high blood pressure, diabetes and kidney disease. Satellite Healthcare staff participated as volunteers. Underscoring the importance of home dialysis, funding was provided to Home Dialyzors United to continue their educational programs and further spread the word about the benefits of dialyzing at home. Providing nephrology healthcare professionals with timely information on chronic kidney disease guidelines and standards, medication updates and research, so they may better care for their patients, Satellite Healthcare joined the National Kidney Foundation in making the annual Medical Symposium possible. Our like-minded organizations have a strong, historic collaborative relationship that spans education, research, advocacy and fundraising that is like no other in the kidney community. Talking with others who have chronic kidney disease or are on dialysis is educating and empowering. To capture support group conversations, Satellite Healthcare made a donation to cover fees for videotaping Bay Area Association of Kidney Patients support groups so programs can be extended to broader audiences through their website. Working with academic institutions, we provided kidney research grants and we contributed to conferences to shine a light on advancements in patient care. Satellite Healthcare experts often served as speakers, elevating our role as a respected thought leader in kidney care. This is work we feel privileged to perform and fund. Our greatest lesson is the reality that we can best carry out our responsibility to our patients when we deeply engage in the health of our communities. We look forward to continuing our journey as we strive to prevent the onset of kidney disease. And, if there is a loss of kidney function that we provide early education to delay the start of dialysis. When dialysis is needed that it happens at home and we prepare and support patients through transplantation. This is how we deliver on the promise of making life better for patients with kidney disease.

Form 990, Part III, Line 4b:

Patient and Community Programs included: Research Programs: \$2,810,633 Research Grants: \$500,000 See the community benefit report in Schedule O for additional information.

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part I, Line 3	Satellite Healthcare Inc.(SHI) does not meet the definition of a hospital for the purpose of Schedule H. SHI is not required to be licensed, registered, or similarly recognized by the state as a hospital, therefore a Schedule H is not required to be completed.

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 SATELLITE HEALTHCARE INC	Employer identification number 23-7290564
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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.

43,308	
43,308	
285,293,236	
285,336,544	
1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

250,000	

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount			1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures			543,563	43,308	586,871
d Grassroots nontaxable amount			250,000	250,000	500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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" on 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 on 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" on 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" on 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		21,341		21,341
b Buildings		4,605,051	4,605,051	
c Leasehold improvements		58,047,150	34,494,705	23,552,445
d Equipment		116,854,423	89,075,021	27,779,402
e Other		14,696,763		14,696,763
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				66,049,951

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on 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	104,813,065	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	104,813,065	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,358,681

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' on 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' on 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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 23-7290564

Name: SATELLITE HEALTHCARE INC

Supplemental Information

Return Reference	Explanation
ASC 740	SHI APPLIES THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10, INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. SHI RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. SHI RECOGNIZED INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. SHI HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019 AND 2018, SHI DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SATELLITE HEALTHCARE INC

Employer identification number
23-7290564

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
North America	0	0	Grantmaking		60,000
3a Sub-total	0	0			60,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			60,000

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 1	<p>Research grantees are selected by Satellite Healthcare's Research Committee. 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 Research Committee'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. may sponsor 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 members of the Research Committee and Satellite Healthcare Research Team, 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 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.</p>

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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...
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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 research committee. 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 research committee'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. may sponsor an annual symposium each year. The purpose of this meeting is to provide a forum for researchers supported by the extramural grants program to share their findings with members of the research committee and Satellite Healthcare Research Team, and receive constructive feedback, and participate in a free exchange of ideas.
Schedule I, Part III	SHI has established an employer-sponsored fund, the Compassion Fund, to provide emergency hardship assistance to its employees, employees of its subsidiaries, and immediate families of those employees, who are experiencing severe hardship. Such hardship includes natural disasters; personal or family crisis such as sudden illness, death, accident, or violent crime; or other emergency situations that puts an employee in a position of needing assistance. Recipients are determined by an Independent committee; and requires information about the need and, if applicable, the individuals resources as part of the decision process. The Compassion Fund receives contributions from both SHI and employee Contributions.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brigham and Women's Hospital 399 Revolution Drive Suite 740 SOMERVILLE, MA 02145	04-2312909	501(c)(3)	200,000				Research Grant
Stanford University 3440 Walnut Ave Bldg A Window H FREMONT, CA 945382210	94-1156365	501(c)(3)	216,000				Fellowship Grant

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 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
Alliance For Home Dialysis 1341 G Street NW 6th Floor Washington, DC 20005	52-2318387	501(c)(3)	10,000				Kidney Disease
American Kidney Fund 11921 Rockville Pike Suite 300 Rockville, MD 20852	14-1722307	501(c)(3)	2,716,291				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Kidney Foundation 717 Market Street Suite 450 San Francisco, CA 94103	94-6130713	501(c)(3)	305,584				Kidney Disease
Oakland Museum of CA 1000 Oak Street oakland, CA 94607	45-3138892	501(c)(3)	10,000				Annual Ziggurat Gala

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 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
San Mateo County Health Foundation 222 West 39th Avenue san mateo, CA 94403	94-3116070	501(c)(3)	10,000				golf sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SATELLITE HEALTHCARE INC

Employer identification number
23-7290564

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on 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</p>	1b									
<p>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 on Line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD J BARNETT PRESIDENT & CEO	(i)	680,934	456,368	270,492	25,000	26,100	1,458,894	0
	(ii)	0	0	0	0	0	0	0
2 SUSAN DEL BENE SECRETARY & CFO	(i)	406,047	217,364	243,280	32,124	5,412	904,227	0
	(ii)	0	0	0	0	0	0	0
3 BRIGITTE SCHILLER MORAN CHIEF MEDICAL OFFICER	(i)	463,613	180,530	169,466	46,948	11,943	872,500	0
	(ii)	0	0	0	0	0	0	0
4 BERNADETTE N VINCENT COO	(i)	395,326	214,270	6,600	26,448	5,640	648,284	0
	(ii)	0	0	0	0	0	0	0
5 SHAMYO CHATTERJEE CHIEF TECHNOLOGY OFFICER	(i)	324,595	138,081	6,600	34,716	951	504,943	0
	(ii)	0	0	0	0	0	0	0
6 ESTRELLA MARIA PARKER VP CHIEF HR OFFICER	(i)	401,148	168,239	141,988	38,166	9,088	758,629	0
	(ii)	0	0	0	0	0	0	0
7 MARSHA DODD CHIEF BI OFFICER	(i)	281,960	173,179	138,862	31,716	951	626,668	0
	(ii)	0	0	0	0	0	0	0
8 Waraporn Anantiyo VP Home Services	(i)	216,327	82,062	600	46,748	6,758	352,495	0
	(ii)	0	0	0	0	0	0	0
9 Keith W Lester SVP Optimal Life	(i)	270,035	41,448	25,692	31,279	3,878	372,332	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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 section 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	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Estrella Maria Parker	VP Chief Human Resources Officer	Relocation		X	225,000	48,750		No		No	Yes	
(2) Dr Graham Abra	Sr. Director Medical Clinical Affairs	Housing		X	200,000	160,000		No		No	Yes	
Total						▶ \$	208,750					

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
SATELLITE HEALTHCARE INC

Employer identification number

23-7290564

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, Section B, Line 12C	<p>The Satellite Healthcare Board of Directors is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts. Pursuant to the Conflicts of Interest Policy of Satellite Healthcare Inc., an annual conflict of interest disclosure statement, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all covered persons (i.e., board members, officers and executive leadership or key employees). Covered persons are required to disclose real or potential conflicts at the time when such conflicts arise. When someone becomes a covered person and annually thereafter, each covered person is required to sign a statement affirming that he/she: (1) has received a copy of the Conflict of Interest Policy; (2) has read the Policy and understands said Policy; and (3) agrees to comply with all requirements of the Policy, including completing the conflicts of interest questionnaire. The completed questionnaires are reviewed by the Satellite Healthcare Board of Directors or their designee 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 actual 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 are referred to the Governance Committee; and (6) the transaction or action must be approved by a majority of disinterested persons.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, Section B, Line 15	<p>For 2019 compensation, The Board appointed a Compensation Committee, comprised solely of independent directors (none of which have a conflict of interest with respect to the compensation arrangement), to be accountable for setting reasonable compensation packages for each officer or key employee, including the CEO. The Compensation Committee developed, consistent with the organization's philosophy and principles, the annual performance goals and criteria to be used in determining merit increases and variable compensation criteria for officers and key employees. The Compensation Committee also hired a qualified independent compensation and benefits specialist (independent expert) to review, analyze and provide benchmarking data for the total compensation and benefits packages of officers and key employees. Appropriate comparability data was obtained from the independent experts, i.e., total economic benefits paid by similarly situated organizations (both taxable and tax-exempt) for similar job responsibilities. The Committee's written records include the (1) terms of the arrangement with the disqualified person (including the date the arrangement was approved); (2) a list of members present during the debate on the transaction (and how the members voted when it was approved); and (3) a description of the comparable data relied on by the Committee. Key deliberations of the Committee are also documented in minutes which are approved at the next Committee meeting.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, Section B, Line 16B	<p>While Satellite Healthcare, Inc. has not adopted a written policy or procedure requiring steps be taken to safeguard its tax-exempt status when entering into Joint Venture agreements, by practice, it only enters into such agreements where 1) Satellite Healthcare, Inc. is the managing partner and 2) specific language has been added to the Joint Venture agreement which states that the Joint Venture will follow Satellite Healthcare, Inc.'s charitable mission and remain in-line with those principles. 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 to the extent that such unrelated business taxable income is substantial in light of the overall operations of Satellite healthcare, inc..</p>

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, Line 9, Other Changes in net assets or fund balance	Current Year Reclass of negative investments \$ 20,642,669 Income from investment k-1s \$ (2,479,627) Distributions to LLCs \$ (5,067,000) income from unconsolidated jvs \$ 760,503 --- ----- total line 9 other changes in fund balance \$ 13,856,545

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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.

See Additional Data Table

(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

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	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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Satellite Health Plan Inc 300 Santana Row Suite 300 San Jose, CA 95128 45-5521368	inactive	CA	Satellite	C Corporation	0	0	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.

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

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

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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 300 Santana Row SUITE 300 San Jose, CA 95128 20-5475344	dialysis	CA	0	50,870,080	SATELLITE
Wellbound LLC 300 Santana row SUITE 300 San Jose, CA 95128 36-4510754	DIALYSIS	CA	4,481,319	1,993,580	SATELLITE
Wellbound of Emeryville LLC 300 Santana Row SUITE 300 San Jose, CA 95128 20-1536908	DIALYSIS	CA	10,606,533	771,882	Wellbound
Wellbound of San Jose LLC 300 Santana Row SUITE 300 San Jose, CA 95128 80-0060772	DIALYSIS	CA	11,144,996	1,394,820	Satellite
Wellbound of Vallejo LLC 300 Santana Row SUITE 300 San Jose, CA 95128 56-2590049	DIALYSIS	CA	3,420,712	786,264	Wellbound
WELLBOUND OF HOUSTON llc 300 Santana Row SUITE 300 San Jose, CA 95128 64-0949650	DIALYSIS	CA	98,421	37,820	Wellbound
wellbound of menlo park llc 300 Santana Row SUITE 300 San Jose, CA 95128 71-0949657	dialysis	CA	5,700,827	1,011,840	Satellite
Satellite Dialysis of Glenview LLC 300 Santana Row SUITE 300 San Jose, CA 95128 23-7290564	DIALYSIS	CA	4,976	-29,524	Satellite
Satellite Healthcare of Chickasaw Garden 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 46-5367659	DIALYSIS	CA	4,523,266	2,148,274	SATELLITE
Satellite Healthcare South Germantown 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 46-5606667	DIALYSIS	CA	2,278,647	1,381,725	SATELLITE
SATELLITE DIALYSIS OF STOCKTON 300 SANTANA ROWSUITE 300 SAN JOSE, CA 95128 20-3966186	Dialysis	CA	7,651,600	1,624,319	Satellite
WELLBOUND OF CHERRY HILL LLC 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 83-4586275	DIALYSIS	CA	0	776,750	SATELLITE
ASCEND CLINICAL LLC 1400 INDUSTRIAL WAY REDWOOD CITY, CA 94063 94-3357013	LAB SERVICES	CA	4,871,168	4,457,987	SATELLITE
SATELLITE WELLBOUND OF HOUSTON LLC 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 30-0877849	DIALYSIS	CA	252,616	226,274	SATELLITE

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Satellite Dialysis Central Modesto LLC 300 Santana Row Suite 300 San Jose, CA 95128 20-0292624	Kidney Dialysis	CA	SATELLITE	INVESTMENT	1,392,762	1,914,267		No	0	Yes		65.000 %
Satellite Dialysis of Orange LLC 300 Santana Row Suite 300 San Jose, CA 95128 26-1600698	Kidney Dialysis	CA	SATELLITE	INVESTMENT	-1,285	652,346		No	0	Yes		75.750 %
Satellite Dialysis of Sunnyvale LLC 300 Santana Row Suite 300 San Jose, CA 95128 32-0011450	Kidney Dialysis	CA	SATELLITE	INVESTMENT	1,017,947	1,150,290		No	0	Yes		84.420 %
Satellite Dialysis of Tracy LLC 300 Santana Row Suite 300 San Jose, CA 95128 26-1601086	Kidney DialysisIS	CA	SATELLITE	INVESTMENT	-84,783	50,021		No	0	Yes		50.000 %
South County Dialysis 300 Santana Row Suite 300 San Jose, CA 95128 77-0375363	Kidney DialysisIS	CA	SATELLITE	INVESTMENT	1,027,714	1,901,286		No	0	Yes		50.000 %
Wellbound of Evanston LLC 300 Santana Row Suite 300 San Jose, CA 95128 11-3791018	Kidney DialysisIS	CA	wellbound llc	INVESTMENT	236,092	145,453		No	0	Yes		50.000 %
Wellbound of Lafayette LLC 300 Santana Row Suite 300 San Jose, CA 95128 86-1161083	Kidney DialysisIS	CA	wellbound llc	INVESTMENT	33,355	189,183		No	0	Yes		50.000 %
Wellbound of Mercer LLC 300 Santana Row Suite 300 San Jose, CA 95128 71-1019018	Kidney DialysisIS	CA	wellbound llc	INVESTMENT	850,715	1,139		No	0	Yes		80.000 %
Wellbound of Modesto LLC 300 Santana Row Suite 300 San Jose, CA 95128 74-3104534	Kidney DialysisIS	CA	SATELLITE	INVESTMENT	698,208	1,637,888		No	0	Yes		80.000 %
Wellbound of Santa Rosa LLC 300 Santana Row Suite 300 San Jose, CA 95128 20-2185548	Kidney DialysisIS	CA	SATELLITE	INVETSMENT	827,424	909,830		No	0	Yes		80.000 %
Wellbound of Stockton LLC 300 Santana Row Suite 300 San Jose, CA 95128 20-3030592	Kidney DialysisIS	CA	wellbound llc	INVESTMENT	330,263	335,283		No	0	Yes		50.000 %
Wellbound of San Leandro LLC 300 Santana Row Suite 300 San Jose, CA 95128 06-1824599	kidney dialysisIS	CA	wellbound llc	INVESTMENT	120,700	125,867		No	0	Yes		50.000 %
Satellite Dialysis of Lynwood LLC 300 Santana Row Suite 300 San Jose, CA 95128 27-1008255	kidney dialysisIS	CA	SATELLITE	INVESTMENT	250,185	-409,321		No	0	Yes		50.000 %
satellite dialysis of White Road LLC 300 Santana Row Suite 300 San Jose, CA 95128 27-1071119	kidney dialysisIS	CA	SATELLITE	INVESTMENT	134,239	766,663		No	0	Yes		70.000 %
satellite dialysis of san leandro 500 Santana row suite 300 san jose, CA 95128 27-0920052	kidney dialysisIS	CA	SATELLITE	INVESTMENT	1,068,968	269,205		No	0	Yes		75.000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
satellite dialysis of merced 300 santana row suite 300 san jose, CA 95128 26-4687094	kidney dialysis	CA	SATELLITE	INVESTMENT	522,230	-93,895		No	0	Yes		50.000 %
Satellite Dialysis of Morgan Hill 300 Santana Row Suite 300 San Jose, CA 95128 27-3362731	kidney dialysis	CA	SATELLITE	INVESTMENT	258,654	-94,628		No	0	Yes		50.000 %
Satellite Dialysis of Laguna Hills LLC 300 Santana Row Suite 300 San Jose, CA 95128 46-1105162	kidney dialysis	CA	Satellite	INVESTMENT	731,710	-109,337		No	0	Yes		90.000 %
Satellite Dialysis of Los Gatos LLC 300 Santana Row Suite 300 San Jose, CA 95128 45-4476765	kidney dialysis	CA	Satellite	INVESTMENT	-333,502	-764,892		No	0	Yes		70.000 %
Satellite Dialysis of South Stockton LLC 300 Santana Row Suite 300 San Jose, CA 95128 45-1128192	kidney dialysis	CA	Satellite	INVESTMENT	1,152,275	387,009		No	0	Yes		75.000 %
Satellite Healthcare of Pace Road LLC 300 Santana Row Suite 300 San Jose, CA 95128 26-4422560	kidney dialysis	CA	Satellite	INVESTMENT	347,774	294,350		No	0	Yes		60.000 %
Satellite Healthcare of Poplar Avenue 300 Santana Row Suite 300 San Jose, CA 95128 26-3459103	kidney dialysis	CA	Satellite	INVESTMENTS	164,317	228,764		No	0	Yes		60.000 %
Wellbound of Mountain View LLC 300 Santana Row Suite 300 San Jose, CA 95128 45-4476716	kidney dialysis	CA	Satellite	INVESTMENT	419,618	705,045		No	0	Yes		70.000 %
Satellite Dialysis of Capitola LLC 300 santana row suite 300 san jose, CA 95128 46-1804561	kidney dialysis	CA	satellite	INVESTMENT	1,513,336	879,877		No	0	Yes		76.000 %
SATELLITE DIALYSIS OF OAKLAND LLC 300 Santana Row Suite 300 San Jose, CA 95128 46-2919562	kidney dialysis	CA	Satellite	INVESTMENT	659,934	316,684		No	0	Yes		92.160 %
Satellite Dialysis West San Leandro LLC 300 Santana Row Suite 300 San Jose, CA 95128 46-2864308	kidney dialysis	CA	Satellite	INVESTMENT	200,125	-323,163		No	0	Yes		94.770 %
Wellbound of Milpitas LLC 300 Santana Row Suite 300 San Jose, CA 95128 42-1684723	kidney dialysis	CA	Satellite	INVESTMENT	454,784	-169,787		No	0	Yes		87.500 %
Wellbound of Memphis 300 Santana Row Suite 300 San Jose, CA 95128 47-1210894	Kidney Dialysis	CA	Satellite	INVESTMENT	466,651	411,629		No	0	Yes		97.277 %
Satellite Dialysis of San Francisco 300 Santana Row Suite 300 San Jose, CA 95128 46-2500428	Kidney Dialysis	CA	Satellite	INVESTMENT	259,689	146,980		No	0	Yes		90.000 %
Satellite Healthcare Silver Creek LLC 300 Santana Row Suite 300 San Jose, CA 95128 14-1974086	Kidney Dialysis	CA	Satellite	INVESTMENT	1,622,136	944,232		No	0	Yes		70.000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Satellite Healthcare Mountain View LLC 300 Santana Row Suite 300 San Jose, CA 95128 47-1987630	Kidney Dialysis	CA	Satellite	INVESTMENT	784,393	572,946		No	0	Yes		70.000 %
Satellite Healthcare San Jose LLC 300 Santana Row Suite 300 San Jose, CA 95128 47-2715388	Kidney Dialysis	CA	Satellite	INVESTMENT	725,238	146,341		No	0	Yes		70.000 %
Satellite Healthcare of North San Mateo 300 Santana Row Suite 300 San Jose, CA 95128 47-4298850	Kidney Dialysis	CA	satellite	INVESTMENT	1,409,438	1,708,104		No	0	Yes		75.000 %
Satellite Healthcare San Carlos 300 Santana Row Suite 300 San Jose, CA 95128 81-4435829	Kidney Dialysis	CA	satellite	INVESTMENT	-35,585	-625,297		No	0	Yes		51.000 %
Satellite Wellband of South Austin 300 Santana Row Suite 300 San Jose, CA 95128 38-4021406	Kidney Dialysis	CA	satellite-CS	INVESTMENT	171,388	0		No	0	Yes		0 %
TRI-COUNTY VASCULAR LLC 14170 WOODVIEW LANE SARATOGA, CA 95070 47-3091752	KIDNEY DIALYSIS	CA	SATELLITE	INVESTMENT	113,576	550,795		No	0	Yes		59.900 %
WELLBOUND OF MENLO PARK LLC 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95052 84-1957257	KIDNEY DIALYSIS	CA	SATELLITE	INVESTMENT	6,717	268,013		No	0	Yes		51.000 %
WELLBOUND OF SANTA CRUZ LLC 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95052 23-7290564	KIDNEY DIALYSIS	CA	SATELLITE	INVESTMENT	-69,636	758,091		No	0	Yes		74.000 %
Wellbound of Daly City 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128	Kidney Dialysis	CA	wellbound llc	INVESTMENT	6,717	268,013		No	0	Yes		51.000 %

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	935,425	Per Agreement
Satellite Dialysis of Capitola LLC	o	2,682,653	Per Agreement
Satellite Dialysis of Capitola LLC	q	885,934	Per Agreement
Satellite Dialysis of Capitola LLC	p	4,185,967	Per Agreement
Satellite Dialysis of Capitola LLC	s	1,697,840	Distributions
Satellite Dialysis of Central Modesto LLC	l	803,936	Per Agreement
Satellite Dialysis of Central Modesto LLC	o	2,229,438	Per Agreement
Satellite Dialysis of Central Modesto LLC	q	764,974	Per Agreement
Satellite Dialysis of Central Modesto LLC	p	3,837,971	Per Agreement
Satellite Dialysis of Central Modesto LLC	s	1,073,150	Distributions
Satellite Dialysis of Laguna Hills LLC	l	481,741	Per Agreement
Satellite Dialysis of Laguna Hills LLC	o	1,518,487	Per Agreement
Satellite Dialysis of Laguna Hills LLC	q	514,412	Per Agreement
Satellite Dialysis of Laguna Hills LLC	p	2,323,576	Per Agreement
Satellite Dialysis of Laguna Hills LLC	s	307,800	Distributions
Satellite Dialysis of Los Gatos LLC	l	169,820	Per Agreement
Satellite Dialysis of Los Gatos LLC	o	699,541	Per Agreement
Satellite Dialysis of Los Gatos LLC	q	139,641	Per Agreement
Satellite Dialysis of Los Gatos LLC	a(i)	12,093	Per Agreement
Satellite Dialysis of Los Gatos LLC	d	342,418	Per Agreement
Satellite Dialysis of Lynwood LLC	l	631,576	Per Agreement
Satellite Dialysis of Lynwood LLC	o	2,608,292	Per Agreement
Satellite Dialysis of Lynwood LLC	q	772,140	Per Agreement
Satellite Dialysis of Lynwood LLC	p	3,812,964	Per Agreement
Satellite Dialysis of Lynwood LLC	s	18,500	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 Merced LLC	l	794,317	Per Agreement
Satellite Dialysis of Merced LLC	o	2,584,465	Per Agreement
Satellite Dialysis of Merced LLC	p	3,851,047	Per Agreement
Satellite Dialysis of Merced LLC	q	785,568	Per Agreement
Satellite Dialysis of Merced LLC	s	490,000	Per Agreement
Satellite Dialysis of Morgan Hill LLC	l	406,245	Per Agreement
Satellite Dialysis of Morgan Hill LLC	o	1,345,950	Per Agreement
Satellite Dialysis of Morgan Hill LLC	p	2,157,171	Per Agreement
Satellite Dialysis of Morgan Hill LLC	q	373,064	Per Agreement
Satellite Dialysis of Morgan Hill LLC	s	272,500	Per Agreement
Satellite Dialysis of Oakland LLC	l	685,621	Per Agreement
Satellite Dialysis of Oakland LLC	o	2,282,081	Per Agreement
Satellite Dialysis of Oakland LLC	p	3,785,100	Per Agreement
Satellite Dialysis of Oakland LLC	q	608,595	Per Agreement
Satellite Dialysis of Orange LLC	p	9,272	Per Agreement
Satellite Dialysis of San Francisco LLC	l	728,595	Per Agreement
Satellite Dialysis of San Francisco LLC	o	2,045,162	Per Agreement
Satellite Dialysis of San Francisco LLC	p	715,735	Per Agreement
Satellite Dialysis of San Francisco LLC	q	3,030,876	Per Agreement
Satellite Dialysis of San Leandro LLC	l	722,619	Per Agreement
Satellite Dialysis of San Leandro LLC	o	2,459,708	Per Agreement
Satellite Dialysis of San Leandro LLC	p	236,590	Per Agreement
Satellite Dialysis of San Leandro LLC	q	2,568,090	Per Agreement
Satellite Dialysis of San Leandro LLC	s	735,750	Per Agreement
Satellite Dialysis of South Stockton LLC	l	658,440	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	o	1,980,692	Per Agreement
Satellite Dialysis of South Stockton LLC	p	980,979	Per Agreement
Satellite Dialysis of South Stockton LLC	q	1,389,293	Per Agreement
Satellite Dialysis of South Stockton LLC	s	958,500	Per Agreement
Satellite Dialysis of Sunnyvale LLC	l	678,950	Per Agreement
Satellite Dialysis of Sunnyvale LLC	o	2,402,235	Per Agreement
Satellite Dialysis of Sunnyvale LLC	p	642,110	Per Agreement
Satellite Dialysis of Sunnyvale LLC	q	2,292,495	Per Agreement
Satellite Dialysis of Sunnyvale LLC	s	929,400	Per Agreement
Satellite Dialysis of Tracy LLC	l	560,849	Per Agreement
Satellite Dialysis of Tracy LLC	o	1,725,787	Per Agreement
Satellite Dialysis of Tracy LLC	p	375,033	Per Agreement
Satellite Dialysis of Tracy LLC	q	2,933,250	Per Agreement
Satellite Dialysis of West San Leandro LLC	l	539,906	Per Agreement
Satellite Dialysis of West San Leandro LLC	o	1,826,023	Per Agreement
Satellite Dialysis of West San Leandro LLC	p	472,351	Per Agreement
Satellite Dialysis of West San Leandro LLC	q	2,206,534	Per Agreement
Satellite Dialysis of White Road LLC	l	736,340	Per Agreement
Satellite Dialysis of White Road LLC	o	2,177,235	Per Agreement
Satellite Dialysis of White Road LLC	p	351,809	Per Agreement
Satellite Dialysis of White Road LLC	q	1,617,204	Per Agreement
Satellite Dialysis of White Road LLC	s	65,625	Per Agreement
Satellite Healthcare Pace Road LLC	l	349,777	Per Agreement
Satellite Healthcare Pace Road LLC	o	1,097,841	Per Agreement
Satellite Healthcare Pace Road LLC	q	845,795	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 Healthcare Pace Road LLC	p	519,640	Per Agreement
Satellite Healthcare Pace Road LLC	s	341,400	Per Agreement
Satellite Dialysis of Poplar Road LLC	l	294,651	Per Agreement
Satellite Dialysis of Poplar Road LLC	o	1,210,798	Per Agreement
Satellite Dialysis of Poplar Road LLC	q	887,716	Per Agreement
Satellite Dialysis of Poplar Road LLC	p	408,251	Per Agreement
Satellite Healthcare Mountain View LLC	d	617,911	Per Agreement
Satellite Healthcare Mountain View LLC	a(i)	21,822	Per Agreement
Satellite Healthcare Mountain View LLC	l	718,273	Per Agreement
Satellite Healthcare Mountain View LLC	o	1,987,883	Per Agreement
Satellite Healthcare Mountain View LLC	p	3,574,861	Per Agreement
Satellite Healthcare Mountain View LLC	q	451,080	Per Agreement
Satellite Healthcare San Jose LLC	a(i)	19,342	Per Agreement
Satellite Healthcare San Jose LLC	l	785,789	Per Agreement
Satellite Healthcare San Jose LLC	o	2,304,516	Per Agreement
Satellite Healthcare San Jose LLC	p	1,130,097	Per Agreement
Satellite Healthcare San Jose LLC	q	1,905,493	Per Agreement
Satellite Healthcare San Jose LLC	d	547,693	Per Agreement
Satellite Healthcare Silver Creek LLC	a(i)	22,598	Per Agreement
Satellite Healthcare Silver Creek LLC	d	639,879	Per Agreement
Satellite Healthcare Silver Creek LLC	l	992,809	Per Agreement
Satellite Healthcare Silver Creek LLC	o	2,415,265	Per Agreement
Satellite Healthcare Silver Creek LLC	p	1,493,284	Per Agreement
Satellite Healthcare Silver Creek LLC	q	2,085,506	Per Agreement
Satellite Healthcare Silver Creek LLC	s	1,784,300	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 North San Mateo County LLC	l	1,414,053	Per Agreement
Satellite North San Mateo County LLC	o	4,102,029	Per Agreement
Satellite North San Mateo County LLC	p	9,335,150	Per Agreement
Satellite North San Mateo County LLC	q	1,889,858	Per Agreement
Satellite North San Mateo County LLC	s	1,185,750	Per Agreement
Satellite Healthcare San Carlos LLC	l	487,852	Per Agreement
Satellite Healthcare San Carlos LLC	o	1,989,448	Per Agreement
Satellite Healthcare San Carlos LLC	p	2,305,657	Per Agreement
Satellite Healthcare San Carlos LLC	q	536,790	Per Agreement
Wellbound of Mercer LLC	l	48,860	Per Agreement
Wellbound of Mercer LLC	o	265,723	Per Agreement
Wellbound of Mercer LLC	p	62,967	Per Agreement
Wellbound of Mercer LLC	q	690,327	Per Agreement
Wellbound of Mercer LLC	s	1,040,000	Per Agreement
Wellbound of Milpitas LLC	l	204,986	Per Agreement
Wellbound of Milpitas LLC	o	479,828	Per Agreement
Wellbound of Milpitas LLC	p	79,298	Per Agreement
Wellbound of Milpitas LLC	q	573,174	Per Agreement
Wellbound of Milpitas LLC	s	421,750	Per Agreement
Wellbound of Modesto LLC	l	587,366	Per Agreement
Wellbound of Modesto LLC	o	1,232,358	Per Agreement
Wellbound of Modesto LLC	p	587,771	Per Agreement
Wellbound of Modesto LLC	q	1,114,300	Per Agreement
Wellbound of Modesto LLC	s	640,000	Distributions
Wellbound of Santa Rosa LLC	l	409,205	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 Santa Rosa LLC	o	862,969	Per Agreement
Wellbound of Santa Rosa LLC	p	196,149	Per Agreement
Wellbound of Santa Rosa LLC	q	894,343	Per Agreement
Wellbound of Santa Rosa LLC	s	825,600	Per Agreement
Wellbound of Mountain View LLC	l	359,009	Per Agreement
Wellbound of Mountain View LLC	o	759,076	Per Agreement
Wellbound of Mountain View LLC	p	122,845	Per Agreement
Wellbound of Mountain View LLC	q	893,533	Per Agreement
Wellbound of Mountain View LLC	a(i)	5,339	Per Agreement
Wellbound of Mountain View LLC	d	151,191	Per Agreement
Wellbound of Mountain View LLC	s	313,600	Per Agreement
Satellite Wellbound of South Austin LLC	l	190,289	Per Agreement
Satellite Wellbound of South Austin LLC	o	479,114	Per Agreement
Satellite Wellbound of South Austin LLC	p	425,722	Per Agreement
Satellite Wellbound of South Austin LLC	q	195,826	Per Agreement
Ascend Clinical LLC	p	7,324,026	Per Agreement
Wellbound of Daly City LLC	l	84,057	Per Agreement
Wellbound of Daly City LLC	o	444,624	Per Agreement
Wellbound of Daly City LLC	p	32,772	Per Agreement
Wellbound of Daly City LLC	q	37,695	Per Agreement
Wellbound of Santa Cruz LLC	l	199,063	Per Agreement
Wellbound of Santa Cruz LLC	o	473,267	Per Agreement
Wellbound of Santa Cruz LLC	p	90,636	Per Agreement
Wellbound of Santa Cruz LLC	q	607,675	Per Agreement
Wellbound of Memphis LLC	c	4,012,183	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 Memphis LLC	l	318,905	Per Agreement
Wellbound of Memphis LLC	o	765,017	Per Agreement
Wellbound of Memphis LLC	p	225,185	Per Agreement
Wellbound of Memphis LLC	q	3,105,259	Per Agreement
Wellbound of Memphis LLC	s	941,641	Per Agreement