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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DIALYSIS CLINIC INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1633 CHURCH STREET NO 500 City or town, state or country, and ZIP + 4 NASHVILLE, TN 37203 F Name and address of principal officer JAMES E ATTRILL JR 1633 CHURCH STREET NO 500 NASHVILLE, TN 37203	D Employer identification number 62-0850498 E Telephone number (615) 327-3061 G Gross receipts \$ 572,752,171 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW DCIINC ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1971 M State of legal domicile TN

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO INITIATE AND PROVIDE COMPREHENSIVE CARE FOR PATIENTS WITH END-STAGE RENAL DISEASE		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5,599
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,667,825
	b Net unrelated business taxable income from Form 990-T, line 34	7b	41,660
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		576,341,644	565,880,802
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,436,580	-227,859
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,922,080	4,993,883
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	582,700,304	570,646,826
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	6,036,278
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	260,733,194	265,032,116
	b Total fundraising expenses (Part IX, column (D), line 25) ⁰		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0	0
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	301,325,343	253,753,893
19 Revenue less expenses Subtract line 18 from line 12	562,058,537	524,822,287	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20,641,767	45,824,539
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	453,879,589	491,506,006
		90,144,521	82,627,367
	363,735,068	408,878,639	

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			
	JAMES E ATTRILL JR PRESIDENT Type or print name and title	2012-08-13			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name DELOITTE TAX LLP				Firm's EIN
	Firm's address 424 CHURCH STREET SUITE 2400 NASHVILLE, TN 372192396				Phone no (615) 259-1800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PRIMARY RESPONSIBILITY OF DCI IS TO PERCEIVE, INITIATE, AND PROVIDE COMPREHENSIVE PATIENT CARE WE SERVE SOCIETY BY PROVIDING CARE FOR PATIENTS WITH END-STAGE RENAL DISEASE OUR GOAL IS COMPLETE PATIENT REHABILITATION

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 354,001,261 including grants of \$) (Revenue \$ 542,183,894)

THE DIALYSIS DIVISION IS THE PRINCIPAL ACTIVITY OF OUR COMPANY AND IS PRIMARILY INVOLVED WITH PROVIDING KIDNEY DIALYSIS AND RELATED SERVICES FOR INSURED AND UNINSURED PATIENTS RENAL DIALYSIS IS NOT AN ELECTIVE MEDICAL PROCEDURE, BUT A LIFE-SUSTAINING TREATMENT FOR PEOPLE LIVING WITH KIDNEY FAILURE PROVIDING THESE MEDICALLY-NECESSARY TREATMENTS FURTHERS OUR EXEMPT PURPOSE OF PROVIDING QUALITY OUTPATIENT CARE FOR ALL PATIENTS WITH END-STAGE RENAL DISEASE, WHICH INCLUDES THE APPLICATION OF THE COMPANY RESOURCES FOR SCIENTIFIC AND EDUCATIONAL PURPOSES FOR THE PREVENTION, EARLY DETECTION, AND TREATMENT OF RENAL DISEASE DURING FYE 9/30/11, 2,081,809 DIALYSIS PROCEDURES WERE PERFORMED A SIGNIFICANT PORTION OF OUR DIALYSIS CHARGES ARE COVERED BY MEDICARE AND STATE MEDICAID PROGRAMS WHILE THE REMAINING COSTS ARE PAID BY THIRD PARTY INSURERS AND CHARITY CARE CHARITY CARE IS PROVIDED TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER OUR CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN OUR ESTABLISHED RATES

4b (Code) (Expenses \$ 12,885,870 including grants of \$) (Revenue \$ 13,232,981)

THE LAB DIVISION PROVIDES SPECIALIZED LABORATORY TESTING AND DIAGNOSTIC PROCEDURES FOR DIALYSIS FACILITIES AND PATIENTS WITH KIDNEY DISEASE AND RENAL FAILURE A VARIETY OF LABORATORY TESTS TO ANALYZE DIFFUSED TOXINS FROM THE BLOOD ARE NECESSARY TO MONITOR THE CLINICAL COURSE OF PATIENTS AND THE OVERALL EFFECTIVENESS OF RENAL DIALYSIS THESE TESTS ARE NECESSARY IN THE TREATMENT OF RENAL DISEASE, AND FURTHERS OUR EXEMPT PURPOSE OF PROVIDING QUALITY CARE FOR PATIENTS WITH CHRONIC RENAL DISEASE BY CONTINUALLY IMPROVING OUR PROCESSES IN MEASURING LEVELS OF KIDNEY FUNCTION TO PRODUCE OPTIMAL PATIENT OUTCOMES FOR FYE 9/30/11, 1,859,950 PATIENT TESTS WERE PERFORMED

4c (Code) (Expenses \$ 5,507,355 including grants of \$) (Revenue \$ 271,310)

THE SUPPLY AND PHARMACY DIVISION PROVIDE MEDICAL SUPPLIES, INCLUDING BUT NOT LIMITED TO NUTRITIONAL SUPPLEMENTS, DRUGS AND HOME DIALYSIS SUPPLIES FOR BOTH DCI FACILITIES AND THROUGH CONTRACTUAL RELATIONSHIPS WITH OTHER DIALYSIS PROVIDERS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 103,900 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 372,498,386

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	1,022		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	5,599		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 4		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA , <input type="checkbox"/> IN , <input type="checkbox"/> MA , <input type="checkbox"/> NM , <input type="checkbox"/> NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MR ANDY PARKER 1633 CHURCH STREET SUITE 500 NASHVILLE, TN 37203 (615) 342-0479

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) DR KEITH JOHNSON CHAIRMAN	0 00	X					0	35,455	10,984	
(2) NANCY JOHNSON DIRECTOR	0 00	X					0	0	0	
(3) DOUG JOHNSON DIRECTOR	40 00	X					211,280	0	11,359	
(4) JAMES PERRY DIRECTOR	40 00	X					631,268	0	20,611	
(5) JAMES E ATTRILL PRESIDENT	40 00			X			283,720	0	13,176	
(6) WILLIAM E WOOD TREASURER	40 00			X			249,129	0	19,060	
(7) JOE SWEARINGEN ASSISTANT TREASURER	40 00			X			131,800	0	34,061	
(8) DOUGLAS REINHARD CORPORATE ADMINISTRATOR	40 00				X		0	0	0	
(9) SADIQ AHMED PHYSICIAN	40 00				X		0	0	0	
(10) HAROLD WHETSTONE CORPORATE ADMINISTRATOR	40 00				X		254,171	0	16,689	
(11) MOSTAFA AMR PHYSICIAN	40 00				X		386,973	0	19,172	
(12) CHRISTINA YNARES PHYSICIAN	40 00				X		298,024	0	21,281	
(13) AMIT NAHATA PHYSICIAN	40 00				X		258,386	0	18,820	
(14) DWAYNE BERGEAUX PHYSICIAN	40 00				X		232,331	0	17,347	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,937,082	35,455	202,560	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **96**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
WR NEWMAN & ASSOCIATES INC 2854 LOGAN STREET NASHVILLE, TN 37211	CONSTRUCTION	5,668,079
JACK FREEMAN AND ASSOCIATES PC 311 2ND AVENUE NORTH NASHVILLE, TN 37203	CONSTRUCTION	725,576
DELOITTE & TOUCHE LLC 424 CHURCH STREET SUITE 2400 NASHVILLE, TN 37219	ACCOUNTING & AUDITING	349,550
FC DCI LLC 22 CENTURY HILL DRIVESTE 301 LATHAM, NY 12110	CONSTRUCTION	276,711
PRATT MEDICAL GROUP 750 WASHINGTON STREET BOSTON, MA 02111	CONSULTING	184,382

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼					
	Program Service Revenue	2a	Business Code			
DIALYSIS & MEDICAL		621400	495,378,850	495,310,258	68,592	
b HOME PATIENT		621610	57,268,971	57,268,971		
c LABORATORY		621500	13,232,981	8,033,154	5,199,827	
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▼			565,880,802			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		641,495		641,495	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real				
		3,441,958				
		b Less rental expenses	1,142,956			
		c Rental income or (loss)	2,299,002			
	d Net rental income or (loss) ▼		2,299,002		2,299,002	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	55,163			
		b Less cost or other basis and sales expenses	924,517			
		c Gain or (loss)	-869,354			
	d Net gain or (loss) ▼		-869,354		-869,354	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b						
c Net income or (loss) from fundraising events ▼						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	68,592					
	b Less cost of goods sold b	37,872				
c Net income or (loss) from sales of inventory ▼		30,720		30,720		
Miscellaneous Revenue	Business Code					
	11a MANAGEMENT FEES	541610	1,429,575	1,237,643	191,932	
	b RESEARCH REVENUES	541700	398,078		398,078	
	c R/O CONTRACT FEES	541610	16,200	16,200		
	d All other revenue		820,308	705,465	114,843	
	e Total. Add lines 11a-11d ▼		2,664,161			
12 Total revenue. See Instructions ▼		570,646,826	561,317,848	6,667,825	2,661,153	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,036,278	6,036,278		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,937,082	784,525	2,152,557	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	209,908,055	157,933,996	51,974,059	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,146,242	2,291,845	854,397	
9	Other employee benefits	34,376,469	25,584,096	8,792,373	
10	Payroll taxes	14,664,268	11,001,755	3,662,513	
a	Fees for services (non-employees)				
	Management				
b	Legal	849,431		849,431	
c	Accounting	431,636		431,636	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	4,014,716	3,663,757	350,959	
12	Advertising and promotion				
13	Office expenses	2,558,475		2,558,475	
14	Information technology	914,472	594,407	320,065	
15	Royalties				
16	Occupancy	10,016,570	7,953,175	2,063,395	
17	Travel	3,488,132	299,177	3,188,955	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	193,430	151,521	41,909	
20	Interest	174,448		174,448	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,520,050	7,478,937	13,041,113	
23	Insurance	3,450,548		3,450,548	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DRUGS	77,503,109	77,503,109		
b	MEDICAL SUPPLIES	51,150,781	51,150,781		
c	BAD DEBT	29,618,475		29,618,475	
d	UTILITIES	8,885,573	1,409,502	7,476,071	
e	REPAIRS AND MAINTENANCE	7,640,488	4,469,072	3,171,416	
f	All other expenses	32,343,559	14,192,453	18,151,106	
25	Total functional expenses. Add lines 1 through 24f	524,822,287	372,498,386	152,323,901	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	87,265,711	1	127,856,961
	2 Savings and temporary cash investments	20,612,729	2	38,203,342
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	103,446,360	4	85,984,861
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,122,482	8	10,614,178
	9 Prepaid expenses and deferred charges	2,469,842	9	2,648,312
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	484,316,698		
	b Less accumulated depreciation	282,809,421	202,684,957	10c 201,507,277
	11 Investments—publicly traded securities	1,164,358	11	1,237,072
	12 Investments—other securities See Part IV, line 11	17,575,260	12	17,562,962
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	5,333,934	14	5,505,701
	15 Other assets See Part IV, line 11	203,956	15	385,340
16 Total assets. Add lines 1 through 15 (must equal line 34)	453,879,589	16	491,506,006	
Liabilities	17 Accounts payable and accrued expenses	11,551,731	17	5,845,817
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,099,998	23	16,900,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	61,492,792	25	59,881,550
	26 Total liabilities. Add lines 17 through 25	90,144,521	26	82,627,367
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	1,501,580	31	1,501,580
	32 Retained earnings, endowment, accumulated income, or other funds	362,233,488	32	407,377,059
33 Total net assets or fund balances	363,735,068	33	408,878,639	
34 Total liabilities and net assets/fund balances	453,879,589	34	491,506,006	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	570,646,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	524,822,287
3	Revenue less expenses Subtract line 2 from line 1	3	45,824,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	363,735,068
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-680,968
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	408,878,639

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DIALYSIS CLINIC INC

Employer identification number

62-0850498

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. ▶						


Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. ▶		
18 Private Foundation. If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions. ▶		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

Additional Data

Software ID:
Software Version:
EIN: 62-0850498
Name: DIALYSIS CLINIC INC

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

4d. Other program services

(Code) (Expenses \$ 103,900 including grants of \$) (Revenue \$)
RESEARCH EXPENDITURES

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization DIALYSIS CLINIC INC

Employer identification number

62-0850498

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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
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)	75,973													
c	Total lobbying expenditures (add lines 1a and 1b)	75,973													
d	Other exempt purpose expenditures	524,746,314													
e	Total exempt purpose expenditures (add lines 1c and 1d)	524,822,287													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures		11,092	8,645	75,973	95,710
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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)).

	(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? If "Yes," describe in Part IV			
j Total 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 carryover lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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

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

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization DIALYSIS CLINIC INC

Employer identification number 62-0850498

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c 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? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,323,620		31,323,620
b Buildings		204,244,897	105,923,389	98,321,508
c Leasehold improvements		96,790,061	57,756,230	39,033,831
d Equipment		146,810,927	119,129,802	27,681,125
e Other		5,147,193		5,147,193
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				201,507,277

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	
	ACCRUED PAYROLL	24,458,952
	OTHER CURRENT LIABILITIES	1,417,988
	OTHER NOTES PAYABLE	19,644,888
	SICK-PAY RETIREMENT PAYABLE	8,488,726
	OTHER TAXES	17,530
	DEFERRED RENT	5,653,466
	CURRENT MATURITIES ON LT DEBT	200,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		59,881,550

2. Fin 48 (ASC 740) Footnote In Part XIV, 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)

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DIALYSIS CLINIC INC

Employer identification number

62-0850498

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The first row contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	PART I, LINE 2 THE ORGANIZATION MONITORS ITS GRANTS OR OTHER ASSISTANCE TO ENSURE THAT SUCH FUNDS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE THROUGH THE REQUIRED SUBMISSION OF BI-ANNUAL ACCOUNTING REPORTS THAT DETAIL THE EXPENDITURE OF EACH AWARD IF THE AWARD PERTAINS TO RESEARCH STUDY, ANNUAL PROGRESS REPORTS ARE ALSO REQUIRED ACCOUNTING REPORTS AND PROGRESS REPORTS, IF APPLICABLE, ARE REVIEWED FOR COMPLIANCE WITH THE SPECIFIC REQUIREMENTS OF EACH AWARD

Software ID:
Software Version:
EIN: 62-0850498
Name: DIALYSIS CLINIC INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEHARRY MEDICAL COLLEGE - A V F RESEARCH STUDYMARQUETTA FAULKNER1005 DB TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501(C)(3)	80,603				THIS FUNDING IS TO BE USED TO SUPPORT THE RESEARCH PROJECT "ENHANCING THE PREVALENCE OF ARTERIO-VEINUS (AVF) PLACEMENT AND FIRST FISTULA MATURATION AND ACCESS WITHIN A COMMUNITY OF HEMODIALYSIS SUBJECTS "
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD STE 1010 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	514,196				DONATION TO AMERICAN KIDNEY FUND FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 405 N LOGAN ST GAFFNEY, SC 29342	53-0196605	501(C)(3)	5,000				GENERAL SUPPORT DONATION
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA NEPHROLOGY DIVISION HOUSTON, TX 77030	74-1613878	501(C)(3)	5,000				THIS AWARD WILL BE DONATED TO THE GARABED EKNOYAN, MD ENDOWED NEPHROLOGY LECTURE IN THE DEPARTMENT OF MEDICINE AT BAYLOR UNIVERSITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMEN'S HOSPITAL PO BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	25,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
CREIGHTON UNIVERSITY - NEPHROLOGY DIVISION 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(C)(3)	227,090				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY - SCHOOL OF MEDICINE 1440 CLIFTON RD NE STE 112 ATLANTA, GA 30322	58-0566256	501(C)(3)	15,000				THIS AWARD WILL BE APPLIED TO THE EMORY SCHOOL OF MEDICINE RENAL SUPPORT FUND
GARDNER-WEBB UNIVERSITY PO BOX 997 BOILING SPRINGS, NC 28017	56-0529972	501(C)(3)	25,000				THIS AWARD WILL ENDOW A NURSING SCHOLARSHIP AT GARDNER-WEBB UNIVERSITY IN HONOR OF CHRIS KEEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 620 UNION DRIVE ROOM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	193,091				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
INTERNAL MEDICINE EDUCATION FOUNDATION 979 E 3RD STREET STE B1001 CHATTANOOGA, TN 37403	58-1314402	501(C)(3)	151,946				THIS AWARD WILL BE DONATED TO THE INTERNAL MEDICINE EDUCATION FOUNDATION (IMEF) FOR ADDITIONAL RESIDENT NEPHROLOGY TRAINING EXPENSES & THIS AWARD WILL BE DONATED TO THE INTERNAL MEDICINE EDUCATION FOUNDATION (IMEF) FOR PRESENTATION OF THE GRAND ROUNDS FALL EVENT, "ADULT AND PEDIATRIC OBESITY PATHOPHYSIOLOGY, TREATMENT, AND MEDICOECONOMIC IMPACT "

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDNEY FOUNDATION OF THE GREATER CHATTANOOGA AREA 1020 DALLAS ROAD SUITE 401 CHATTANOOGA, TN 37405	62-1410005	501(C)(3)	158,350				GENERAL SUPPORT DONATION FOR KIDNEY FOUNDATION OF THE GREATER CHATTANOOGA AREA
UPMC MEDICAL & HEALTH SCIENCES FOUNDATION UPMC 3600 FORBES AVENUE PITTSBURGH, PA 15213	11-3708851	501(C)(3)	1,000,000				THIS FUNDING IS TO BE USED TO ENDOW A RESEARCH CHAIR IN THE RENAL-ELECTROLYTE DIVISION OF THE UNIVERSITY OF PITTSBURGH'S SCHOOL OF MEDICINE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF GA FOUNDATION INC545 15TH ST AUGUSTA,GA 30901	58-0706796	501(C)(3)	15,000				THIS AWARD WILL BE APPLIED TO THE MEDICAL COLLEGE OF GEORGIA FOUNDATION INC FUND 7763-JAMES B HUDSON NEPHROLOGY FUND
MEDICAL UNIVERSITY OF SOUTH CAROLINA PO BOX 250623 CHARLESTON, SC 29425	57-6000722	501(C)(3)	1,151,054				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI FOUNDATION FOR MEDICAL RESEARCH PO BOX 605 COLUMBIA, MO 65205	43-1581381	501(C)(3)	47,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	21,245				THIS AWARD WILL FUND THE STUDY "GLUTATHIONE PEROXIDISE-1 ACTIVITY AND ITS RELATIONSHIP TO ENDOTHELIAL FUNCTION IN PATIENTS WITH TYPE 2 DIABETES AT HIGH RISK OF PROGRESSIVE CHRONIC KIDNEY DISEASE FROM THE UNITED STATES AND UNITED KINGDOM "

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION OF KANSAS & WESTERN MISSOURI 6405 METCALF AVENUE 204 OVERLAND PARK, KS 66202	48-0756377	501(C)(3)	6,000				NATIONAL KIDNEY FOUNDATION SYMPOSIUM SPONSORSHIP
PRATT MEDICAL GROUP - 821 TUFTS MEDICAL CENTER 750 WASHINGTON ST BOSTON, MA 02111	04-2743894	501(C)(3)	100,847				RENAL OUTCOMES MONITORING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION SUNYPO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	158,461				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
TEMPLE UNIVERSITYPO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501(C)(3)	6,526				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	50,000				DONATION FOR GENERAL SUPPORT
TUFTS MEDICAL CENTER PHYSICIANS ORGANIZATION 800 WASHINGTON ST 817 BOSTON, MA 02111	04-2743894	501(C)(3)	50,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ONE ROBERT WOOD JOHNSON PLACE CN-19 NEW BRUNSWICK, NJ 08903	22-1487243	501(C)(3)	145,220				FUNDING OF ADJUNCT ASSISTANT PROFESSOR POSITION AT ROBERT WOOD JOHNSON MEDICAL SCHOOL & SUPPORT FOR NEPHROLOGY FELLOWS DURING "NEPHROLOGY FOUNDATIONS" ROTATIONS
UNIV OF TN FOUNDATION - DEPT OF MEDICINE 62 SOUTH DUNLAP STE 500 MEMPHIS, TN 38163	62-1844686	501(C)(3)	15,000				THIS AWARD WILL BE APPLIED TO THE UNIVERSITY OF TENNESSEE DEPARTMENT OF MEDICINE NEPHROLOGY FELLOWSHIP TRAINING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF AL BIRMINGHAM - SCHOOL OF MED1530 THIRD AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	15,000				THIS AWARD WILL BE APPLIED TO THE UNIVERSITY OF ALABAMA NEPHROLOGY FELLOWSHIP DEVELOPMENT FUND
UNIVERSITY OF CA - DAVIS4150 V STREET SUITE 3500 SACRAMENTO, CA 95817	94-6036494	501(C)(3)	37,925				FUND USED TO SUPPORT A RESEARCH STUDY FOR "THE EFFECTS OF ETANERCEPT IN SUPPRESSION OF THE SYSTEMIC INFLAMMATORY RESPONSE IN HEMODIALYSIS PATIENTS"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PHYSICIANS COMPANY 2830 VICTORY PARKWAY SUITE 330 CINCINNATI, OH 45206	31-1405915	501(C)(3)	264,865				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
UNIVERSITY OF FLORIDA P O BOX 113001 GAINESVILLE, FL 32611	59-6002052	115	285,254				THIS AWARD WILL FUND THE CME SYMPOSIUM "UPDATE IN NEPHROLOGY 2011 " & REAGENTS FOR "MECHANISMS OF GLUT1 - INDUCED GLOMERULOSCLEROSIS" & THIS FUNDING IS TO BE USED TO FUND THE SALARY OF A RESEARCH ASSOCIATE WORKING ON "MECHANISMS OF GLUT1-INDUCED GLOMERULOSCLEROSIS" FOR 3 YEARS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	501(C)(3)	119,353				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION & SPONSORSHIP OF 32ND ANNUAL DIALYSIS CONFERENCE
VANDERBILT UNIVERSITY C-3121 MEDICAL CENTER NORTH NASHVILLE, TN 37232	62-0476822	501(C)(3)	60,000				THIS AWARD WILL BE APPLIED TO THE VANDERBILT UNIVERSITY TRANSPLANT FELLOW PROGRAM & SUPPORT FOR RENAL TRANSPLANTATION EDUCATION & NEPHROLOGY CONFERENCES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIV SCHOOL OF MEDMEDICAL CENTER BOULEVARD - WINSTONSALEM, NC 27157	22-3849199	501(C)(3)	15,000				THIS AWARD WILL BE APPLIED TO THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE RENAL FELLOWS EDUCATION FUND
NATIONAL KIDNEY FOUNDATION OF SOUTH CAROLINA 500 TAYLOR ST STE 101 COLUMBIA, SC 29201	57-0549065	501(C)(3)	26,500				GENERAL SUPPORT DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH MEDICAL CENTER 3550 TERRACE STREET PITTSBURGH, PA 15261	25-0965591	501(C)(3)	200,244				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
DIALYSIS CLINIC INC

Employer identification number

62-0850498

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUG JOHNSON	(i)	211,280	0	0	0	11,359	222,639	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES PERRY	(i)	631,268	0	0	0	20,611	651,879	0
	(ii)	0	0	0	0	0	0	0
(3) JAMES E ATTRILL	(i)	283,720	0	0	0	13,176	296,896	0
	(ii)	0	0	0	0	0	0	0
(4) WILLIAM E WOOD	(i)	249,129	0	0	0	19,060	268,189	0
	(ii)	0	0	0	0	0	0	0
(5) JOE SWEARINGEN	(i)	131,800	0	0	19,019	15,042	165,861	0
	(ii)	0	0	0	0	0	0	0
(6) HAROLD WHETSTONE	(i)	254,171	0	0	0	16,689	270,860	0
	(ii)	0	0	0	0	0	0	0
(7) MOSTAFA AMR	(i)	386,973	0	0	0	19,172	406,145	0
	(ii)	0	0	0	0	0	0	0
(8) CHRISTINA YNARES	(i)	298,024	0	0	0	21,281	319,305	0
	(ii)	0	0	0	0	0	0	0
(9) AMIT NAHATA	(i)	258,386	0	0	0	18,820	277,206	0
	(ii)	0	0	0	0	0	0	0
(10) DWAYNE BERGEAUX	(i)	232,331	0	0	0	17,347	249,678	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4B DIALYSIS CLINIC, INC PARTICIPATES IN AN UNFUNDED EXECUTIVE DEFERRED COMPENSATION PLAN AVAILABLE ONLY TO A SELECT GROUP OF MANAGEMENT AND KEY EMPLOYEES. THE 457(F) PLAN IS A NON-QUALIFIED PLAN WHOSE PURPOSE IS TO RETAIN HIGHLY QUALIFIED EXECUTIVE OR MANAGERIAL PERSONNEL BY PROVIDING FOR BENEFITS IN THE EVENT OF THEIR RETIREMENT, DISABILITY, OR DEATH PER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DIALYSIS CLINIC INC

Employer identification number
62-0850498

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART III, LINE 1	<p>WE RECOGNIZE THE PATIENT AS AN INDIVIDUAL RESULTING FROM HIS OR HER GENETICS, LIFE EXPERIENCE, HABITS, BELIEFS, AND EMOTIONS, AND AS A MEMBER OF HIS OR HER FAMILY AND THE COMMUNITY. THE APPLICATION OF COMPREHENSIVE CARE IS ON A PERSONAL LEVEL. WE BECOME ACQUAINTED WITH OUR PATIENT AS A PERSON AND SEEK TO UNDERSTAND HIS OR HER PROBLEMS AND NEEDS - PHYSICAL, EMOTIONAL, SPIRITUAL, AND SOCIAL. AS OF 2011, DCI EMPLOYS APPROXIMATELY 4,400 PEOPLE AND PROVIDES DIALYSIS CARE TO OVER 13,000 PATIENTS IN MORE THAN 200 CLINICS LOCATED IN 27 STATES THROUGHOUT THE UNITED STATES. DCI, SERVING AS THE LARGEST NON-PROFIT DIALYSIS PROVIDER IN THE US, IS NOTED FOR PROVIDING QUALITY CARE. THE UNITED STATES RENAL DATA SYSTEM (USRDS) 2011 ATLAS NOTES THAT DCI HAS LOWER HOSPITALIZATION AND MORTALITY RATES THAN OTHER PROVIDERS " BY UNIT AFFILIATION AMONG THE LDO'S, DCI CONTINUES TO HAVE THE LOWEST RATIOS FOR BOTH HOSPITALIZATION AND MORTALITY " DCI OFFERS ALL MODALITIES OF END STAGE RENAL DISEASE (ESRD) TREATMENT, WHICH INCLUDE IN-CENTER HEMODIALYSIS, IN-CENTER SELF-CARE HEMODIALYSIS, HOME HEMODIALYSIS, CONTINUOUS AMBULATORY PERITONEAL DIALYSIS, AND CONTINUOUS CYCLING PERITONEAL DIALYSIS. IN 2011 DCI PROVIDED A TOTAL OF 2,081,809 TREATMENTS. DCI WAS ESTABLISHED AS A NONPROFIT CORPORATION, HOPEFULLY TO GENERATE FUNDS FOR RESEARCH IN ORDER THAT THE METHODS FOR TREATMENT OF ESRD PATIENTS MIGHT BE IMPROVED. WE ARE NOT CONTENT TO DIALYZE THE NEXT GROUP OF PATIENTS IN THE SAME IMPERFECT WAY THAT THE LAST GROUP WAS DIALYZED WITHOUT AT LEAST MAKING THE ATTEMPT TO BETTER THE PATIENT'S LOT THROUGH RESEARCH. AS A COROLLARY TO THIS, EDUCATION OF ESRD HEALTH CARE PROFESSIONALS IS ANOTHER GOAL TO WHICH DCI RESOURCES ARE DEDICATED TO SUPPORT. DCI'S RESEARCH COMMITMENT INCLUDES PROVIDING A COLLABORATIVE RELATIONSHIP IN THE CONDUCT OF CLINICAL TRIALS BETWEEN DCI CLINICS, PHYSICIANS/INVESTIGATORS, AND THE PHARMACEUTICAL INDUSTRY. IN AN EFFORT TO FACILITATE THE BEST CARE AND MAKE AVAILABLE TO OUR PATIENTS STATE OF THE ART CLINICAL STUDIES, DCI HAS ESTABLISHED THE OFFICE OF CLINICAL RESEARCH. OUR EXPERIENCE IN CLINICAL RESEARCH IS A VALUABLE RESOURCE FOR NEPHROLOGY PHYSICIAN/INVESTIGATORS. WE HAVE EXPERT KNOWLEDGE IN FEDERAL REGULATIONS, HIPAA, MEDICARE CLINICAL TRIAL POLICY, GOOD CLINICAL PRACTICE, AND FEDERAL WIDE ASSURANCES. OUR OFFICE PROVIDES ALL OF THE RESOURCES NECESSARY TO CONDUCT CLINICAL TRIALS IN AN EFFICIENT, SAFE MANNER, WHILE INSTILLING INDUSTRY BEST PRACTICES AND PRODUCING QUALITY DATA. AS A NON PROFIT 501(C)(3) ORGANIZATION DCI, DEDICATES A SIGNIFICANT PORTION OF ALL MONIES GENERATED TO BE UTILIZED FOR KIDNEY RELATED RESEARCH, EDUCATION AND OTHER USES CONSISTENT, WITH THE COMPANY CHARTER. SUCH PROGRAMS MIGHT INVOLVE RESEARCH STUDIES, TRAINING, EDUCATION, CLINICAL, AND PATIENTS CARE ACTIVITIES. IN 2011, DCI CONTRIBUTED OVER SIX MILLION DOLLARS TO RESEARCH, EDUCATION, AND DEVELOPMENT. SUCH CONTRIBUTIONS HAVE A DIVERSE AND POTENTIALLY POWERFUL IMPACT ON SOCIETY. DCI COMMITTED \$300,000 IN SUPPORT OF RESEARCH ON THE "EFFECT OF APOPTOTIC TUBULAR CELLS ON THE FUNCTION OF UNINJURED TUBULAR CELLS ". IT HAS BEEN SHOWN THAT APOPTOSIS (A FORM OF CELL DEATH IN WHICH A PROGRAMMED SEQUENCE OF EVENTS LEADS TO THE ELIMINATION OF CELLS WITHOUT RELEASING HARMFUL SUBSTANCES INTO THE SURROUNDING AREAS) IS AN IMPORTANT CAUSE OF DEATH OF RENAL TUBULAR CELLS AFTER ACUTE KIDNEY INJURY (RAPID REDUCTION OF KIDNEY FUNCTION). BEFORE, IT WAS THOUGHT THAT NECROSIS (DEATH OF TISSUE) WAS THE PREDOMINANT FORM OF TUBULAR CELL DEATH IN ACUTE KIDNEY INJURY. THIS STUDY WILL TEST THE HYPOTHESIS THAT APOPTOSIS IS A PROGRAM DESIGNED NOT ONLY TO ELIMINATE UNWANTED OR INJURED TUBULAR CELLS, BUT THAT APOPTOTIC CELLS HAVE IMPORTANT EFFECTS ON THE FUNCTION OF ADJACENT VIABLE RENAL TUBULAR CELLS THAT PLAY A ROLE IN THE DEVELOPMENT AND THE CHAIN OF EVENTS LEADING TO ACUTE KIDNEY INJURY. DCI HAS COMMITTED OVER \$300,000 TOWARD THE BLOOD PRESSURE IN DIALYSIS (BID) STUDY IN CONJUNCTION WITH THE CLEVELAND CLINIC. THE STUDY IS IMPORTANT BECAUSE HYPERTENSION IS A MAJOR CAUSE OF CARDIOVASCULAR (CV) MORBIDITY AND MORTALITY. ALTHOUGH STUDIES IN THE GENERAL POPULATION HAVE DEMONSTRATED A CONTINUOUS REDUCTION IN CARDIOVASCULAR RISK WITH EACH MMHG DROP IN SYSTOLIC BLOOD PRESSURE (SBP), MULTIPLE OBSERVATIONAL STUDIES CONDUCTED IN HEMODIALYSIS (HD) PATIENTS HAVE DEMONSTRATED THAT PATIENTS WITH MILD TO MODERATE HYPERTENSION MAY HAVE DECREASED MORTALITY COMPARED TO THOSE WITH NORMAL BLOOD PRESSURE (BP). IT IS UNCLEAR IF AGGRESSIVE BP LOWERING WILL BE HARMFUL OR BENEFICIAL. A WELL DESIGNED RANDOMIZED CONTROL TRIAL (RCT) IS NEEDED TO ANSWER THIS IMPORTANT QUESTION. (SOURCE WWW.CLINICALTRIALS.GOV). IN SUPPORT OF EDUCATION, \$50,000 WAS COMMITTED TO THE PRESTON MEDICAL LIBRARY IN KNOXVILLE, TENNESSEE. THE LIBRARY RESOURCES ARE AVAILABLE FOR USE BY AREA PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. FURTHERING OUR COMMITMENT TO EDUCATION, A \$50,000 DONATION WAS GIVEN TO OHIO STATE UNIVERSITY FOR NEPHROLOGY.</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART III, LINE 1	<p>OGY EDUCATION AND RESEARCH DCI IS PROUD TO SUPPORT THE GENERAL OBJECTIVE OF THE NEPHROLOGY FELLOWSHIP AT THE OHIO STATE UNIVERSITY, WHICH IS TO PROVIDE THE TRAINEE WITH A COMPREHENSIVE EXPERIENCE IN CLINICAL NEPHROLOGY AND, FOR THOSE FOLLOWING THE RESEARCH TRACK, AN IN-DEPTH RESEARCH EXPERIENCE THAT WILL PREPARE THEM FOR A CAREER IN ACADEMIC NEPHROLOGY DCI IS ALSO A LOYAL SUPPORTER OF THE LOCAL AND NATIONAL KIDNEY FOUNDATIONS WHICH PROVIDE RESOURCES TO THE DIALYSIS COMMUNITY DCI CREATED AND MAINTAINS A FUND SPECIFICALLY TO PROVIDE GRANTS AND RESEARCH SUPPORT FOR YOUNG INVESTIGATORS IN THE FIELD OF KIDNEY DISEASE THE DCI PAUL TESCHAN RESEARCH FUND (PTRF) UTILIZES A PEER REVIEW PROCESS TO FUND SPECIFIC APPLICATIONS FOR STUDENTS AND YOUNG INVESTIGATORS WHO OTHERWISE WOULD HAVE LIMITED ACCESS TO RESEARCH RESOURCES APPROXIMATELY \$450,000 WAS DONATED TO THE PTRF IN 2011 TO SUPPORT THESE RESEARCH STUDIES TO HEIGHTEN PUBLIC AWARENESS REGARDING KIDNEY DISEASE, DCI MAINTAINS A PRE-END STAGE RENAL DISEASE EDUCATION PROGRAM THAT IS FREE TO THE GENERAL PUBLIC IN CELEBRATION OF OUR 40TH ANNIVERSARY, DCI HOSTED 40 ACTS OF SERVICE ACROSS THE NATION THESE PROJECTS PROVIDED MANY LASTING BENEFITS TO THE COMMUNITIES A FEW EXAMPLES OF THE ACTS OF SERVICE INCLUDE (1) THE CREATION OF BLACK-LOCKETT-SCARBROUGH PATIENT FUND IN COLUMBUS, GEORGIA THE BLACK-LOCKETT-SCARBROUGH FUND WAS ESTABLISHED TO MEET THE NEEDS OF DIALYSIS PATIENTS IN THE COMMUNITY NAMED IN THE MEMORY OF THREE DIALYSIS NURSES, THE FUND IS AFFILIATED WITH THE NATIONAL KIDNEY FOUNDATION SERVING GEORGIA AND ALABAMA THROUGH THIS AFFILIATION, DONORS CAN TAKE ADVANTAGE OF THE NON-PROFIT STATUS OF NKF AND THEIR CONTRIBUTIONS ARE TAX DEDUCTIBLE NKF MANAGES THE FUND AND ISSUES CHECKS DIRECTLY TO THE PROVIDERS OF SERVICE THIS IS A PILOT PROGRAM STARTED BY DCI WITH THE NKF, AND IS SUCCESSFUL, IT MAY BE THE FIRST OF MANY SIMILAR PROGRAMS ACROSS THE COUNTRY (2) THE ESTABLISHMENT OF A RENAL FRIENDLY FOOD SECTION FOR THE FOOD PANTRIES IN GROVE CITY AND SHENANGO VALLEY, PENNSYLVANIA (3) A FREE WORKSHOP FOR LOCAL DIALYSIS PATIENTS AND DIALYSIS PROVIDERS TO UNDERSTAND AND FORMULATE A DIALYSIS PATIENT PEER MENTORING PROGRAM IN CHESWICK, PENNSYLVANIA (4) THE CREATION OF A PEDIATRIC EDUCATIONAL DVD MADE AVAILABLE TO PATIENTS AND PROVIDERS AT NO COST (5) A PARTNERSHIP WITH GLENCLIFF HIGH SCHOOL TO PLANT COMMUNITY GARDENS IN THE NASHVILLE, TN AREA THE GARDENS PLANTED IN FOOD DESERTS, WILL CONTINUE TO OFFER FREE PRODUCE TO THE NEIGHBORHOODS IN SUPPORT OF THE PEDIATRIC PATIENTS, DCI ESTABLISHED CAMP OKAWEHNA IN 1975 CAMP OKAWEHNA IS A WEEK LONG SUMMER CAMP IN THE NASHVILLE AREA THAT OFFERS ON-SITE PERITONEAL AND HEMODIALYSIS TREATMENT TO ABOUT 100 CHILDREN WHO OTHERWISE WOULD NOT BE ABLE TO ENJOY A CHILDHOOD CAMP EXPERIENCE DCI EMPLOYEES VOLUNTEER THEIR TIME TO PROVIDE ASSISTANCE IN EVERY FACET OF THE CAMP EXPERIENCE CAMPERS COME FROM TENNESSEE, TEXAS, MISSOURI, SOUTH CAROLINA, AND ALABAMA TO THE GROUNDS OF "CAMP O" DCI ALSO SUPPORTS THE EDUCATION OF HIGH SCHOOL STUDENTS INTERESTED IN MEDICAL PROFESSIONS SINCE 2002, DCI HAS PARTNERED WITH THE GLENCLIFF HIGH SCHOOL TO IDENTIFY JUNIORS AND SENIORS WHO EXPRESS AND INTEREST IN THE HEALTH PROFESSION A DCI COORDINATOR PARTNERS WITH THE SCIENCE TEACHERS TO BECOME INVOLVED IN THE DELIVERY OF THE CURRICULUM STUDENTS WHO EXPRESS AN INTEREST IN LEARNING MORE ABOUT DIALYSIS ARE GIVEN AN OPPORTUNITY TO WORK IN A DCI FACILITY AS PATIENT CARE TECHNICIAN INTERNS DURING SUMMER BREAK FOR OUR EFFORTS, DCI HAS BEEN NOMINATED FOR THE ACADEMY PARTNERSHIP OF THE YEAR IN THE HEALTH PARTNERSHIP COUNCIL FOR THE ACADEMY OF MEDICAL SCIENCE AND RESEARCH BY METRO NASHVILLE PUBLIC SCHOOLS</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART III, LINE 1	SINCE 1998, DCI HAS SPONSORED A SUMMER INTERNSHIP FOR PRE-MEDICAL STUDENTS IN THE CLINICAL AREA OF ORGAN TRANSPLANTATION. OVER THE LAST 14 YEARS, THE SUMMER INTERNSHIP PROGRAM HAS EXPANDED TO 12 CITIES ALL ACROSS THE UNITED STATES, AND HAS GIVEN OVER 140 STUDENTS THE OPPORTUNITY TO EXPAND THEIR KNOWLEDGE OF THE MEDICAL FIELD. THE INTERNSHIP INCLUDES SHADOWING PHYSICIANS ON ROUNDS IN THE HOSPITAL, OBSERVING AND ASSISTING IN AN OUTPATIENT FACILITY, OBSERVING THE COORDINATION OF A TRANSPLANT, AND SCRUBBING IN DURING TRANSPLANT AND SURGICAL OPERATIONS. IN ADDITION, STUDENTS VISIT THE LOCAL ORGAN PROCUREMENT ORGANIZATION (OPO) AND HLA LAB. PARTICIPANTS MAY HAVE THE OPPORTUNITY TO COMPLETE DATA COLLECTION FOR THE TRANSPLANT SERVICE OR WORK ON A CLINICAL RESEARCH PROJECT. THE PURPOSE OF THIS INTERNSHIP IS TO EXPOSE THE STUDENT TO HOSPITAL AND OUTPATIENT ENVIRONMENTS, AS WELL AS TO SPECIFIC AREAS OF MEDICINE SUCH AS SURGERY AND CLINICAL RESEARCH. THESE EXPERIENCES ARE DESIGNED TO ENCOURAGE STUDENTS TO PURSUE A CAREER IN MEDICINE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		KEITH JOHNSON, MD - SPOUSE NANCY JOHNSON - SPOUSE DOUGLAS JOHNSON - SON

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS REVIEWED BY THE PRESIDENT AND TREASURER PRIOR TO RELEASING ITS INFORMATION TO AN INDEPENDENT ACCOUNTING FIRM FOR REVIEW THE FORM 990 IS THEN PRESENTED TO THE BOARD WHERE AN OPPORTUNITY IS GIVEN TO REVIEW AND MAKE CHANGES PRIOR TO THE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS CONTAINED IN THE COMPANY'S WRITTEN STANDARDS OF CONDUCT THAT REQUIRE ACKNOWLEDGEMENT OF COMPLIANCE BY KEY EMPLOYEES. THE COMPANY MAINTAINS AN ACTIVE COMPLIANCE DEPARTMENT TO MONITOR AND ENFORCE POLICIES.

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINE 15 THE COMPANY UTILIZES COMPARABILITY DATA FOR DETERMINING COMPENSATION NO INDEPENDENT REVIEW OF THIS DATA WAS CONDUCTED DURING THE YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COMPANY HAS NOT PUBLICIZED GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	REACQUISITION OF A JOINT VENTURE -680,968 TOTAL TO FORM 990, PART XI, LINE 5 -680,968

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DIALYSIS CLINIC INC

Employer identification number

62-0850498

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DCI DONOR SERVICES 1633 CHURCH STREET STE 500 NASHVILLE, TN 37203 58-1990866	ORGAN PROCUREMENT	TN	501(C)(3)	LINE 9	DIALYSIS CLINIC INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
(1) DCI RENAL SERVICES OF PITTSBURGH LLC 1633 CHURCH STREET STE 500 NASHVILLE, TN37203 25-1804746	KIDNEY DIALYSIS	TN	DIALYSIS CLINIC INC	RELATED				No		Yes		51 000 %

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
(1) INDEPENDENT KIDNEY COOPERATIVE 1633 CHURCH STREET STE 500 NASHVILLE, TN37203 62-1744515	MANAGED CARE	TN	DIALYSIS CLINIC INC	C			100 000 %

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d		No
1e		No
1f	Yes	
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DCI RENAL SERVICES OF PITTSBURGH LLC	P	1,266,940	INTERCOMPANY TRANSACTION
(2) DCI DONOR SERVICES	A	507,600	INTERCOMPANY TRANSACTION
(3) DCI DONOR SERVICES	P	1,209,526	INTERCOMPANY TRANSACTION
(4) DCI DONOR SERVICES	F	2,995,302	INTERCOMPANY TRANSACTION
(5) DCI DONOR SERVICES	O	4,516,645	INTERCOMPANY TRANSACTION
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**