

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 STE 500
 City or town, state or province, country, and ZIP or foreign postal code: NASHVILLE, TN 37203

D Employer identification number: 62-0850498
E Telephone number: (615) 327-3061
G Gross receipts \$ 779,430,243

F Name and address of principal officer:
 DONOVAN SCHULTZ
 1633 CHURCH STREET STE 500
 NASHVILLE, TN 37203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.DCIINC.ORG

K Form of organization: Corporation Trust Association 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 if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2020 (Part V, line 2a)	5	6,842
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,397,454
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	395,301	0
9 Program service revenue (Part VIII, line 2g)	745,752,602	731,179,562
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,772,289	9,151,037
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,712,948	13,302,978
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	765,633,140	753,633,577
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,842,313	10,655,048
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	425,622,337	430,487,767
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	308,521,017	304,469,167
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	744,985,667	745,611,982
19 Revenue less expenses. Subtract line 18 from line 12	20,647,473	8,021,595

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	782,995,317	795,817,725
21 Total liabilities (Part X, line 26)	144,873,533	146,546,247
22 Net assets or fund balances. Subtract line 21 from line 20	638,121,784	649,271,478

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: 2022-08-15
 DONOVAN SCHULTZ CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00752421
 Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
 Firm's address ▶ 1033 DEMONBREUN STREET STE 400 Phone no. (615) 259-1800
 NASHVILLE, TN 37203

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PRIMARY RESPONSIBILITY OF DIALYSIS CLINIC INC. (DCI) IS TO PROVIDE COMPREHENSIVE AND SPECIALIZED CARE TO PATIENTS LIVING WITH CHRONIC KIDNEY DISEASE (CKD) AND END STAGE RENAL DISEASE (ESRD).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 498,232,332 including grants of \$ 10,655,048) (Revenue \$ 715,477,317)
See Additional Data

4b (Code:) (Expenses \$ 17,787,589 including grants of \$) (Revenue \$ 3,872,482)
See Additional Data

4c (Code:) (Expenses \$ 5,524,405 including grants of \$) (Revenue \$ 4,438,341)
See Additional Data

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

4e Total program service expenses ▶ 521,544,326

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6,842			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.		15	No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O.		16	No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (0), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (Yes), 16b (Yes).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA, IN, MA, NM, NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANDREW L PARKER 1633 CHURCH STREET STE 500 NASHVILLE, TN 37203 (615) 327-3061

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG JOHNSON MD VICE CHAIRMAN	38.00 2.00	X					476,054	0	29,184	
(2) H KEITH JOHNSON MD CHAIRMAN	32.00 8.00	X					4,790	25,199	3,353	
(3) JAMES PERRY DIRECTOR	9.00 1.00	X					0	0	11,466	
(4) KEN JOHNSON DIRECTOR	2.00 0.00	X					0	0	0	
(5) JAMES E ATTRILL VICE PRESIDENT	35.00 5.00			X			649,254	0	17,741	
(6) WILLIAM E WOOD PRESIDENT	39.00 1.00			X			556,423	0	30,512	
(7) STUART REDPATH CHIEF OPERATIONS OFFICER	40.00 0.00			X			467,008	0	32,434	
(8) DONOVAN SCHULTZ CHIEF FINANCIAL OFFICER	39.00 1.00			X			324,942	0	68,452	
(9) MARY HOBEIKA CHIEF STRATEGY OFFICER	40.00 0.00			X			285,042	0	73,627	
(10) JOE SWEARINGEN ASSISTANT TREASURER	40.00 0.00			X			204,924	0	36,201	
(11) PAMELA HAVERMANN DIR. OF QUALITY MGMT. AND ED.	40.00 0.00					X	796,898	0	11,687	
(12) AMIT NAHATA PHYSICIAN	40.00 0.00					X	585,935	0	29,184	
(13) MOSTAFA AMR PHYSICIAN	40.00 0.00					X	540,340	0	23,940	
(14) JESSIE GANJOO PHYSICIAN	40.00 0.00					X	552,322	0	8,060	
(15) RAPHAEL HIGGINBOTHAM PHYSICIAN	40.00 0.00					X	430,936	0	14,087	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 526

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like SEAKAY CONSTRUCTION CORPORATION and CHG MEDICAL STAFFING INC.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 214

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a DIALYSIS & MEDICAL	Business Code 621400	619,126,876	619,126,876			
	b HOME PATIENT	621610	96,350,441	96,350,441			
	c LABORATORY	621500	15,702,245	3,872,482	11,829,763		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f. ▶		731,179,562				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		9,316,060			9,316,060	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	5,181,248				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	5,181,248				
	d Net rental income or (loss) ▶			5,181,248		5,181,248	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a			25,610,481		
		b Less: cost or other basis and sales expenses	7b		25,775,504		
	c Gain or (loss)	7c			-165,023		
	d Net gain or (loss) ▶			-165,023		-165,023	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a		19,494				
	b Less: cost of goods sold	10b		21,162			
c Net income or (loss) from sales of inventory ▶			-1,668		-1,668		
Miscellaneous Revenue		Business Code					
11a MANAGEMENT FEES		541610	1,057,738		944,978	112,760	
b RESEARCH REVENUES		541700	1,002,938			1,002,938	
c							
d All other revenue			6,062,722	4,438,341	1,624,381		
e Total. Add lines 11a-11d ▶			8,123,398				
12 Total revenue. See instructions ▶			753,633,577	723,788,140	14,397,454	15,447,983	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,655,048	10,655,048		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,963,647		2,963,647	
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	354,501,496	263,332,684	91,168,812	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,172,890	5,799,876	2,373,014	
9 Other employee benefits	42,509,321	35,768,696	6,740,625	
10 Payroll taxes	22,340,413	16,735,564	5,604,849	
11 Fees for services (non-employees):				
a Management				
b Legal	1,475,918		1,475,918	
c Accounting	353,477		353,477	
d Lobbying	444,760		444,760	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,381,467		1,381,467	
12 Advertising and promotion				
13 Office expenses	3,809,966		3,809,966	
14 Information technology	8,084,875	5,255,169	2,829,706	
15 Royalties				
16 Occupancy	16,452,713	13,116,765	3,335,948	
17 Travel	2,833,181	276,587	2,556,594	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,040	17,446	10,594	
20 Interest	545,108		545,108	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,961,985	13,141,012	18,820,973	
23 Insurance	3,280,027		3,280,027	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	70,558,014	70,552,907	5,107	
b DRUG EXPENSE	50,193,694	50,193,694	0	
c BAD DEBT EXPENSE	35,034,503	0	35,034,503	
d REPAIRS & MAINTENANCE	14,410,007	5,117,532	9,292,475	
e All other expenses	63,621,432	31,581,346	32,040,086	
25 Total functional expenses. Add lines 1 through 24e	745,611,982	521,544,326	224,067,656	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	115,904,163	1	89,693,312
	2 Savings and temporary cash investments	31,673,736	2	40,756,624
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	128,243,524	4	128,357,375
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17,424,983	8	18,566,124
	9 Prepaid expenses and deferred charges	4,927,810	9	5,605,085
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 774,099,287		
	b Less: accumulated depreciation	10b 394,546,548	375,002,117	10c 379,552,739
	11 Investments—publicly traded securities	7,527,956	11	9,705,585
	12 Investments—other securities. See Part IV, line 11	42,667,793	12	64,112,349
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	58,639,649	14	57,675,867
	15 Other assets. See Part IV, line 11	983,586	15	1,792,665
16 Total assets. Add lines 1 through 15 (must equal line 33)	782,995,317	16	795,817,725	
Liabilities	17 Accounts payable and accrued expenses	10,977,285	17	15,659,691
	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 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	31,400,000	23	31,400,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	102,496,248	25	99,486,556
	26 Total liabilities. Add lines 17 through 25	144,873,533	26	146,546,247
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	27,233,722	29	35,255,007
	30 Paid-in or capital surplus, or land, building or equipment fund	751,580	30	751,580
	31 Retained earnings, endowment, accumulated income, or other funds	610,136,482	31	613,264,891
32 Total net assets or fund balances	638,121,784	32	649,271,478	
33 Total liabilities and net assets/fund balances	782,995,317	33	795,817,725	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	753,633,577
2	Total expenses (must equal Part IX, column (A), line 25)	2	745,611,982
3	Revenue less expenses. Subtract line 2 from line 1	3	8,021,595
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	638,121,784
5	Net unrealized gains (losses) on investments	5	1,296,297
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,831,802
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	649,271,478

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 62-0850498

Name: DIALYSIS CLINIC INC

Form 990 (2020)

Form 990, Part III, Line 4a:

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 COMPANY RESOURCES FOR SCIENTIFIC AND EDUCATIONAL PURPOSES FOR THE PREVENTION, EARLY DETECTION, AND TREATMENT OF RENAL DISEASE. DURING FYE 2021, 2,354,212 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.

Form 990, Part III, Line 4b:

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 2021, 813,408 PATIENT TESTS WERE PERFORMED.

Form 990, Part III, Line 4c:

THE SUPPLY AND PHARMACY DIVISION PROVIDES MEDICAL SUPPLIES, INCLUDING BUT NOT LIMITED TO NUTRITIONAL SUPPLEMENTS, DRUGS, AND HOME DIALYSIS SUPPLIES FOR DCI FACILITIES AND PROVIDES PRESCRIPTION MEDICATIONS FOR DCI EMPLOYEES.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization DIALYSIS CLINIC INC	Employer identification number 62-0850498
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b Total lobbying expenditures to influence a legislative body (direct lobbying)
- c Total lobbying expenditures (add lines 1a and 1b)
- d Other exempt purpose expenditures
- e Total exempt purpose expenditures (add lines 1c and 1d)
- f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		7,500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		377,260
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		60,000
j	Total. Add lines 1c through 1i			444,760
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	DIALYSIS CLINIC INC. HAS ONE EMPLOYEE WHO SPENDS APPROXIMATELY 9% OF THEIR TIME AS THE COMPANY'S PUBLIC LIASON. \$377,260 WAS GIVEN TO ORGANIZATIONS WHO PRIMARILY ARE INVOLVED IN LOBBYING ACTIVITIES. \$7,500 WAS PAID TO A GRASSROOTS ADVOCACY PLATFORM. LASTLY, \$60,000 WAS SPENT ON LEGAL ADVICE FOR LOBBYING AND POTENTIAL LEGISLATION RELATED MATTERS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		58,787,603		58,787,603
b Buildings		336,064,237	151,502,329	184,561,908
c Leasehold improvements		173,096,622	101,532,552	71,564,070
d Equipment		193,068,235	141,511,667	51,556,568
e Other		13,082,590		13,082,590
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				379,552,739

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MAJORITY INTEREST IN JOINT VENTURES	10,340,908	C
(B) VALIC INVESTMENTS	12,209,705	F
(C) U.S. T-BILLS, CDS & GOV'T OBLIGATIONS	9,515,708	F
(D) CORPORATE BONDS	22,837,442	F
(E) LIFE INSURANCE CASH SURRENDER VALUE	8,245,719	F
(F) MUNICIPAL BONDS	962,867	F
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	64,112,349	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND OTHER TAXES	50,285,649
(3) OTHER NOTES PAYABLE	32,968,945
(4) SICK PAY RETIREMENT PAYABLE	9,810,387
(5) DEFERRED RENT	6,421,575
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	99,486,556

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service
Name of the organization
DIALYSIS CLINIC INC

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24
 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION MONITORS ITS GRANTS AND OTHER ASSISTANCE TO ENSURE THAT SUCH FUNDS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USES THROUGH THE REQUIRED SUBMISSION OF BI-ANNUAL ACCOUNTING REPORTS THAT DETAIL THE EXPENDITURES 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 REWARD.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD STE 1010 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	5,020,702				DONATION FOR GENERAL SUPPORT
INDIANA UNIVERSITY 620 UNION DRIVE ROOM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	128,500				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY 1161 21ST AVENUE SOUTH MEDICAL CENTER NORTH S-3223 NASHVILLE, TN 37323	35-2528741	501(C)(3)	60,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
STONY BROOK FOUNDATION INC 230 ADMINISTRATION BLDG STONY BROOK, NY 11790	11-6077945	501(C)(3)	123,392				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS UNIVERSITY FOUDATION 7 COLLEGE AVE WINANTS HALL NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	70,300				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
UC HEALTH FOUNDATION 3200 BURNETT AVE CINCINNATI, OH 45229	26-1594868	501(C)(3)	434,327				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY RESEARCH 1120 15TH STREET AUGUSTA, GA 30912	58-1418202	501(C)(3)	74,041				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
UNIVERSITY OF PITTSBURGH 3550 TERRACE ST S-974 SCAIFE HALL PITTSBURGH, PA 15261	23-2919472	501(C)(3)	237,816				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NM ALBUQUERQUE, NM 87131	85-0275408	501(C)(3)	2,454,688				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE ST CHARLESTON, SC 29425	57-6028985	501(C)(3)	523,537				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS MEDICAL CENTER 800 WASHINGTON ST 817 BOSTON, MA 02111	04-3044706	501(C)(3)	96,400				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	30,025				DONATION FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	267,304				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
KIDNEY FOUNDATION OF THE GREATER CHATTANOOGA AREA 1020 DALLAS ROAD SUITE 401 CHATTANOOGA, TN 37405	62-1410005	501(C)(3)	60,000				DONATION FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	GOVERNMENT ENTITY	294,327				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501(C)(3)	5,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA - DAVIS 4150 V STREET STE 3500 SACRAMENTO, CA 95817	94-6036494	501(C)(3)	192,794				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
TULANE UNIVERSITY HEALTH SCIENCE 1430 TULANE AVE SL-45 NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	65,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY HEALTH SYSTEM PO BOX 90581 DURHAM, NC 72208	56-2070036	501(C)(3)	89,125				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
UNIVERSITY OF CONNECTICUT HEALTH CENTER PO BOX 4034 FARMINGTON, CT 06034	06-0772160	501(C)(3)	30,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS 4301 W MARKHAM LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	30,000				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(C)(3)	271,373				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	58,500				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION
LSU HEALTH SCIENCES CENTER FOUNDATION 1501 KINGS HWY SHREVEPORT, LA 71103	72-1115391	501(C)(3)	37,897				MEDICAL RESEARCH RELATED TO KIDNEY FUNCTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
DIALYSIS CLINIC INC

Employer identification number
62-0850498

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	H. KEITH JOHNSON, CHAIRMAN, RECEIVED PERSONAL USE OF THE COMPANY PLANE DURING THE COVID-19 PANDEMIC IN ORDER TO BE ABLE TO TRAVEL SAFELY AND REDUCE THE RISK OF COMING INTO CONTACT WITH THE VIRUS. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION.
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 PER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974. THE FOLLOWING PERSON RECEIVED PAYMENTS UNDER THE PLAN IN CALENDAR YEAR 2020: PAMELA HAVERMANN - \$517,311

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAMELA HAVERMANN DIR. OF QUALITY MGMT. AND ED.	(i)	135,532	24,302	637,064	5,288	6,399	808,585	0
	(ii)	0	0	0	0	0	0	0
1 JAMES E ATTRILL VICE PRESIDENT	(i)	345,535	54,474	249,245	11,264	6,477	666,995	0
	(ii)	0	0	0	0	0	0	0
2 AMIT NAHATA PHYSICIAN	(i)	585,125	0	810	9,750	19,434	615,119	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM E WOOD PRESIDENT	(i)	493,341	56,973	6,109	13,000	17,512	586,935	0
	(ii)	0	0	0	0	0	0	0
4 MOSTAFA AMR PHYSICIAN	(i)	536,776	0	3,564	13,000	10,940	564,280	0
	(ii)	0	0	0	0	0	0	0
5 JESSIE GANJOO PHYSICIAN	(i)	550,000	0	2,322	8,000	60	560,382	0
	(ii)	0	0	0	0	0	0	0
6 DOUG JOHNSON MD VICE CHAIRMAN	(i)	431,649	43,266	1,139	9,750	19,434	505,238	0
	(ii)	0	0	0	0	0	0	0
7 STUART REDPATH CHIEF OPERATIONS OFFICER	(i)	414,792	50,087	2,129	13,000	19,434	499,442	0
	(ii)	0	0	0	0	0	0	0
8 RAPHAEL HIGGINBOTHAM PHYSICIAN	(i)	430,936	0	0	7,800	6,287	445,023	0
	(ii)	0	0	0	0	0	0	0
9 DONOVAN SCHULTZ CHIEF FINANCIAL OFFICER	(i)	289,077	35,370	495	57,512	10,940	393,394	0
	(ii)	0	0	0	0	0	0	0
10 MARY HOBEIKA CHIEF STRATEGY OFFICER	(i)	253,579	30,720	743	63,193	10,434	358,669	0
	(ii)	0	0	0	0	0	0	0
11 JOE SWEARINGEN ASSISTANT TREASURER	(i)	181,251	22,886	787	16,783	19,418	241,125	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization
DIALYSIS CLINIC INC

Employer identification number

62-0850498

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 1:</p>	<p>DCI IS FOCUSED ON CARING FOR THE INDIVIDUAL PATIENT WITH THE UNDERSTANDING THAT EACH PERSON IS UNIQUE, BASED ON GENETICS, LIFE EXPERIENCES, HABITS, BELIEFS, AND EMOTIONS; AND AS A MEMBER OF HIS OR HER FAMILY AND THE COMMUNITY. WE BECOME ACQUAINTED WITH OUR PATIENT AS A PERSON AND SEEK TO UNDERSTAND HIS OR HER PROBLEMS AND NEEDS - PHYSICAL, EMOTIONAL, SPIRITUAL, AND SOCIAL. IN 2021, DCI EMPLOYED MORE THAN 5,400 PEOPLE AND PROVIDED DIALYSIS TREATMENTS TO ALMOST 20,000 PATIENTS IN MORE THAN 265 CLINICS LOCATED IN 30 STATES THROUGHOUT THE UNITED STATES. IN ADDITION, DCI PROVIDES RENAL RELATED HOSPITAL SERVICES' INPATIENT DIALYSIS WITHIN MORE THAN 140 INPATIENT HOSPITALS THROUGHOUT THE UNITED STATES. DCI IS THE NATION'S LARGEST NON-PROFIT DIALYSIS PROVIDER. DCI OFFERS ALL MODALITIES OF END STAGE RENAL DISEASE (ESRD) TREATMENT, WHICH INCLUDE IN-CENTER HEMODIALYSIS, IN-CENTER NOCTURNAL HEMODIALYSIS, IN-CENTER SELF-CARE HEMODIALYSIS, HOME HEMODIALYSIS, CONTINUOUS AMBULATORY PERITONEAL DIALYSIS, AND CONTINUOUS CYCLING PERITONEAL DIALYSIS. IN 2021, DCI PROVIDED MORE THAN 2,354,212 DIALYSIS TREATMENTS. DCI WAS ESTABLISHED AS A NON-PROFIT CORPORATION, WITH A GOAL TO GENERATE FUNDING FOR RESEARCH SO ESRD TREATMENT METHODS COULD CONTINUE TO ADVANCE, AND, ULTIMATELY, SAVE AND/OR EXTEND THE LIVES OF OUR PATIENTS, WHILE THEY AWAIT TRANSPLANTS. 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 AN OTHER 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, PHYSICIAN/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. DCI HAS EXPERT KNOWLEDGE IN FEDERAL REGULATIONS, HIPAA, MEDICARE CLINICAL TRIAL POLICY, GOOD CLINICAL PRACTICE, AND FEDERAL WIDE ASSURANCES. THE DCI OFFICE OF CLINICAL RESEARCH 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 PATIENT CARE ACTIVITIES. IN 2021, DCI CONTRIBUTED OVER \$3.6M TO RESEARCH AND EDUCATION. SOME EXAMPLES OF AWARDS INCLUDE, BUT ARE NOT LIMITED TO: - DCI AWARDED \$2,000,000 TO ESTABLISH THE CENTER FOR DISCOVERY IN NOVIATION AND IMPLEMENTATION IN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 1:</p>	<p>KIDNEY DISEASE AT UNIVERSITY OF CINCINNATI. - DCI AWARDED \$110,000 TO THE ROLE OF METABOLISM IN ACUTE KIDNEY INJURY AND CHRONIC KIDNEY DISEASE. - DCI AWARDED \$219,585 TO RISK FACTORS OF 30-DAY REHOSPITALIZATION AMONG PATIENTS INPATIENT DIALYSIS. 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 SCIENTIFIC APPLICATIONS FOR STUDENTS AND YOUNG INVESTIGATORS WHO OTHERWISE WOULD HAVE LIMITED ACCESS TO RESEARCH RESOURCES. \$420K WAS PROVIDED BY THE PTRF IN 2021 TO SUPPORT SEVEN RESEARCH STUDIES. CONTINUING THE COMMITMENT TO PUBLIC EDUCATION, DCI ESTABLISHED REACH KIDNEY CARE, A CHRONIC KIDNEY DISEASE EDUCATION PROGRAM. CARE COORDINATORS SPEAK TO INDIVIDUALS ABOUT THE PROGRESSION OF KIDNEY DISEASE AND DISCUSS STRATEGIES FOR PREVENTING KIDNEY FAILURE. THE EDUCATION ADDRESSES NUTRITION AND BEHAVIOR MODIFICATION TECHNIQUES AS WELL AS TREATMENT OPTIONS FOR KIDNEY FAILURE. IN SUPPORT OF THE PEDIATRIC PATIENT, DCI ESTABLISHED CAMP OKAWEHNA IN 1975. CAMP OKAWEHNA IS A WEEK LONG SUMMER CAMP JUST OUTSIDE OF NASHVILLE, TENNESSEE, THAT OFFERS ON-SITE PERITONEAL AND HEMODIALYSIS TREATMENTS TO APPROXIMATELY 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 LOUISIANA TO THE GROUNDS OF "CAMP O." CAMP O DID NOT TAKE PLACE IN PERSON IN 2020 OR 2021 DUE TO COVID, INSTEAD A VIRTUAL CAMP WAS HELD. SINCE 1998, DCI HAS SPONSORED A SUMMER INTERNSHIP FOR PRE-MEDICAL STUDENTS IN THE CLINICAL AREA OF ORGAN TRANSPLANTATION. OVER THE LAST 20 YEARS, THE SUMMER INTERNSHIP PROGRAM HAS EXPANDED TO 20 CITIES ALL ACROSS THE UNITED STATES, AND HAS GIVEN MORE THAN 200 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/CLINIC 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. DCI RECOGNIZES THE REWARDS OF HIGHER EDUCATION AND HAS SUPPORTED THAT ENDEAVOR SINCE 1995 THROUGH THE DCI SCHOLARSHIP PROGRAM. IN 2021, DCI AWARDED A TOTAL OF \$32,000 IN SCHOLARSHIPS AMONG 13 RECIPIENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	H. KEITH JOHNSON, MD, DOUG JOHNSON, MD, AND KEN JOHNSON HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE PRESIDENT AND CFO 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 FILING.

990 Schedule O, Supplemental Information

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 DIRECTORS, OFFICERS, AND KEY EMPLOYEES. THE COMPANY MAINTAINS AN ACTIVE COMPLIANCE DEPARTMENT TO MONITOR AND ENFORCE POLICIES.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CAPITAL DISTRIBUTION FROM BILLINGS CLINIC, LLC 601,800. CAPITAL DISTRIBUTION FROM BIG HORN BASIN, LLC 74,970. CAPITAL DISTRIBUTION FROM JEFFERSON CITY RENAL, LLC 341,316. CAPITAL DISTRIBUTION FROM DIALYSIS SERVICES OF DECATUR, LLC 226,400. CAPITAL DISTRIBUTION FROM COMMUNITY MEDICAL CENTER DIALYSIS, LLC 587,316.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) APPLIED MEDICAL RESEARCH INC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 62-1450328	MEDICAL RESEARCH	TN	501(C)(3)	4	DIALYSIS CLINIC INC	Yes	
(2) DCI DONOR SERVICES INC 566 MAINSTREAM DR NASHVILLE, TN 37228 58-1990866	ORGAN PROCUREMENT	TN	501(C)(3)	10	DIALYSIS CLINIC INC	Yes	

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INDEPENDENT KIDNEY COOPERATIVE 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 62-1744515	MANAGED CARE	TN	DIALYSIS CLINIC INC	C			100.000 %	Yes	
(2) RENAL CONSULTANTS 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 80-0066197	MANAGED CARE	TN	DIALYSIS CLINIC INC	C			100.000 %	Yes	

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
KTCC TREATMENT OPTIONS CENTER OF LOUISIANA LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 20-8725123	NEPHROLOGY	LA	-282,359	-6,666,486	DIALYSIS CLINIC INC
CENTRAL KENTUCKY KIDNEY CENTER LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-5292628	NEPHROLOGY	KY	0	0	DIALYSIS CLINIC INC
KIDNEY CARE OF CENTRAL NEW JERSEY LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-5494208	NEPHROLOGY	NJ	0	0	DIALYSIS CLINIC INC
KIDNEY CARE CENTER LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-5735383	NEPHROLOGY	PA	0	0	DIALYSIS CLINIC INC
NEPHROLOGY SERVICES OF EAST TN LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-5310620	NEPHROLOGY	TN	0	0	DIALYSIS CLINIC INC
DCI RENAL SERVICES OF PITTSBURGH LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 25-1804746	ESRD CLINIC	PA	-182,275	2,441,093	DIALYSIS CLINIC INC
CROWLEY & JENNINGS NEPHROLOGY & HYPERTENSION LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-5296728	NEPHROLOGY	LA	-158,736	-1,360,454	DIALYSIS CLINIC INC
MCRAE AVIATION SERVICES LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 76-0045360	AIRCRAFT CHARTER	TX	-92,215	-476,403	DIALYSIS CLINIC INC
DCI LABORATORY LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 81-2061031	LABORATORY SERVICES	TN	4,395,477	93,245,636	DIALYSIS CLINIC INC
NEPHROLOGY CONSULTANTS OF JACKSONVILLE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 30-1048148	NEPHROLOGY	FL	-676,680	-6,417,731	DIALYSIS CLINIC INC
BOXWOOD DIALYSIS LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 81-4453065	ESRD CLINIC	DE	0	0	DIALYSIS CLINIC INC
SOUTHERN RENAL SPECIALISTS LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 81-4749956	NEPHROLOGY	FL	0	0	DIALYSIS CLINIC INC
KIDNEY AND HYPERTENSION CENTER OF PITTSBURGH LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 83-1845658	NEPHROLOGY	PA	0	0	DIALYSIS CLINIC INC
REACH KIDNEY CARE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 84-3256224	KIDNEY HEALTH MANAGEMENT	TN	-6,543,272	-31,697,073	DIALYSIS CLINIC INC
LITTLE ROCK RENAL SERVICES LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-4049246	KIDNEY DIALYSIS	AR	582,894	32,360	DIALYSIS CLINIC INC
DCI OF MEMPHIS LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 87-2830533	ESRD CLINIC	TN	0	0	DIALYSIS CLINIC INC

(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	
BIG HORN BASIN REGIONAL DIALYSIS LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-2756449	KIDNEY DIALYSIS	WY	DIALYSIS CLINIC INC	RELATED	55,571	256,647		No		Yes		51.000 %
BILLINGS CLINIC DIALYSIS LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 46-4233625	KIDNEY DIALYSIS	MT	DIALYSIS CLINIC INC	RELATED	893,096	4,483,028		No		Yes		51.000 %
WATT DIALYSIS CENTER LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 47-4310307	KIDNEY DIALYSIS	WY	DIALYSIS CLINIC INC	RELATED	56,369	247,136		No		Yes		51.000 %
DIALYSIS SERVICES OF DECATUR LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 82-1234100	KIDNEY DIALYSIS	DE	DIALYSIS CLINIC INC	RELATED	239,603	1,416,389		No		Yes		80.000 %
MUSIC CITY KIDNEY CARE ALLIANCE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 47-5282575	ACCOUNTABLE CARE ORGANIZATION	DE	DIALYSIS CLINIC INC	RELATED	1,865,947	-3,145,957		No		Yes		95.000 %
PALMETTO KIDNEY CARE ALLIANCE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 47-5306355	ACCOUNTABLE CARE ORGANIZATION	DE	DIALYSIS CLINIC INC	RELATED	-821,854	-4,807,831		No		Yes		94.000 %
METROPOLITAN KIDNEY CARE ALLIANCE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 47-5265602	ACCOUNTABLE CARE ORGANIZATION	DE	DIALYSIS CLINIC INC	RELATED	1,796,160	-1,734,538		No		Yes		73.000 %
GEORGIA PINES KIDNEY CARE ALLIANCE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 81-4453065	ACCOUNTABLE CARE ORGANIZATION	DE	DIALYSIS CLINIC INC	RELATED	-26,428	-3,485,898		No		Yes		87.000 %
INDEPENDENCE KIDNEY CARE ALLIANCE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 81-4457256	ACCOUNTABLE CARE ORGANIZATION	DE	DIALYSIS CLINIC INC	RELATED	-903,706	-5,508,989		No		Yes		69.000 %
HEART OF AMERICA KIDNEY CARE ALLIANCE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 81-4480330	ACCOUNTABLE CARE ORGANIZATION	DE	DIALYSIS CLINIC INC	RELATED	-27,313	-5,299,743		No		Yes		66.000 %
JEFFERSON CITY RENAL SERVICES LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 82-3188781	ESRD CLINIC	DE	DIALYSIS CLINIC INC	RELATED	392,446	752,436		No		Yes		51.000 %
AVAIL SOUTHEAST KIDNEY CARE LLC 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 83-2903658	ESRD CLINIC	TN	DIALYSIS CLINIC INC	RELATED	-342,652	108,681		No		Yes		51.000 %
COMMUNITY MEDICAL CENTER DIALYSIS 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 83-1522514	KIDNEY DIALYSIS	DE	DIALYSIS CLINIC INC	RELATED	459,414	755,395		No		Yes		55.000 %
NORTH ALABAMA HOME DIALYSIS 1633 CHURCH ST STE 500 NASHVILLE, TN 37203 84-4306386	KIDNEY DIALYSIS	DE	DIALYSIS CLINIC INC	RELATED	274,151	3,718,428		No		Yes		90.000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BILLINGS CLINIC DIALYSIS LLC	A	467,741	FMV
AVAIL SOUTHEAST KIDNEY CARE LLC	A	173,858	FMV
COMMUNITY MEDICAL CENTER DIALYSIS LLC	A	206,662	FMV
DCI DONOR SERVICES INC	A	799,472	FMV
DIALYSIS SERVICES OF DECATUR LLC	L	63,097	FMV
APPLIED MEDICAL RESEARCH INC	L	150,000	FMV
DCI DONOR SERVICES INC	L	3,786,711	FMV
BIG HORN BASIN REGIONAL DIALYSIS LLC	L	76,359	FMV
BILLINGS CLINIC DIALYSIS LLC	L	128,601	FMV
COMMUNITY MEDICAL CENTER DIALYSIS LLC	L	65,004	FMV
DIALYSIS SERVICES OF DECATUR LLC	O	800,383	FMV
NORTH ALABAMA HOME DIALYSIS	O	178,295	FMV
JEFFERSON CITY RENAL SERVICES LLC	O	1,093,823	FMV
BIG HORN BASIN REGIONAL DIALYSIS LLC	O	444,528	FMV
BILLINGS CLINIC DIALYSIS LLC	O	2,602,317	FMV
AVAIL SOUTHEAST KIDNEY CARE LLC	O	299,412	FMV
COMMUNITY MEDICAL CENTER DIALYSIS LLC	O	717,795	FMV
WATT DIALYSIS CENTER LLC	O	421,980	FMV
INDEPENDENCE KIDNEY CARE ALLIANCE LLC	O	451,618	FMV
METROPOLITAN KIDNEY CARE ALLIANCE LLC	O	568,476	FMV
MUSIC CITY KIDNEY CARE ALLIANCE LLC	O	104,127	FMV
DIALYSIS SERVICES OF DECATUR LLC	Q	300,532	FMV
NORTH ALABAMA HOME DIALYSIS	Q	125,185	FMV
JEFFERSON CITY RENAL SERVICES LLC	Q	635,093	FMV
DCI DONOR SERVICES INC	Q	2,580,484	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BIG HORN BASIN REGIONAL DIALYSIS LLC	Q	126,149	FMV
BILLINGS CLINIC DIALYSIS LLC	Q	713,285	FMV
AVAIL SOUTHEAST KIDNEY CARE LLC	Q	316,388	FMV
COMMUNITY MEDICAL CENTER DIALYSIS LLC	Q	435,996	FMV
WATT DIALYSIS CENTER LLC	Q	144,161	FMV
INDEPENDENCE KIDNEY CARE ALLIANCE LLC	Q	87,039	FMV
GEORGIA PINES KIDNEY CARE ALLIANCE LLC	Q	77,587	FMV
METROPOLITAN KIDNEY CARE ALLIANCE LLC	Q	120,487	FMV
MUSIC CITY KIDNEY CARE ALLIANCE LLC	Q	122,821	FMV
APPLIED MEDICAL RESEARCH INC	Q	97,811	FMV
DIALYSIS SERVICES OF DECATUR LLC	R	226,400	FMV
NORTH ALABAMA HOME DIALYSIS	R	3,685,753	FMV
JEFFERSON CITY RENAL SERVICES LLC	R	319,522	FMV
BIG HORN BASIN REGIONAL DIALYSIS LLC	R	73,394	FMV
BILLINGS CLINIC DIALYSIS LLC	R	590,062	FMV
AVAIL SOUTHEAST KIDNEY CARE LLC	R	306,083	FMV
COMMUNITY MEDICAL CENTER DIALYSIS LLC	R	749,792	FMV