

EXTENDED TO AUGUST 17, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2018 or other tax year beginning OCT 1 2018 and ending SEP 30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses 3 Describe the only (or first) unrelated trade or business here LABORATORY ACTIVITIES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of ANDREW L PARKER Telephone number (615) 327-3061

Table for Part I Unrelated Trade or Business Income with columns (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table for Part II Deductions Not Taken Elsewhere with columns (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Charitable contributions; etc.

SCANNED APR 29 2021 DEC 07 2020 Received in 28 Batching Ogden

RECEIVED IN 11/17/19 IRS KANSAS CITY, MO

g26 35

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 with handwritten annotations 'Part II' and '11'.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45d, 46-49, 50a-50g, 51-55. Includes handwritten 'Part III' and '6a'.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions 56, 57, and 58.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 8/17/20 Title: CHIEF FINANCIAL OFFICER

Table with 4 columns: Field name, Value, Field name, Value. Includes fields for Preparer's name, signature, date, PTIN, Firm's name, address, EIN, and phone number.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

|  |    |            |  |                          |                                     |
|--|----|------------|--|--------------------------|-------------------------------------|
| 1 Inventory at beginning of year                   | 1  | 0.         | 6 Inventory at end of year   | 6                        | 0.                                  |
| 2 Purchases  | 2  | 5,258,844. | 7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           | 7                        | 5,258,844.                          |
| 3 Cost of labor                                    | 3  |            |  |                          |                                     |
| 4a Additional section 263A costs (attach schedule) | 4a |            |  |                          |                                     |
| b Other costs (attach schedule)                    | 4b |            | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes                      | No                                  |
| 5 <b>Total.</b> Add lines 1 through 4b             | 5  | 5,258,844. |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule). |
|---|---|--|
| (1)   |   |  |
| (2)   |   |  |
| (3)   |   |  |
| (4)   |   |  |
| <b>Total</b>  | <b>Total</b>  |  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1 Part I line 8 column (B) ▶ 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property   |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|--|---|---|--|---|
|  |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)  |   |   |  |   |
| (2)  |   |   |  |   |
| (3)  |   |   |  |   |
| (4)  |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)    | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)  |   | %   |  |   |
| (2)  |   | %   |  |   |
| (3)  |   | %   |  |   |
| (4)  |   | %   |  |   |
| <b>Totals</b>  |   |   | 0.   | 0.  |
| <b>Total dividends-received deductions</b> included in column 8 <span style="float: right;">▶</span> |   |   |  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

  

| Nonexempt Controlled Organizations |   |                                     |  |   |  |
|------------------------------------|---|-------------------------------------|--|---|--|
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                      |  |
| (1)                                |   |                                     |  |   |  |
| (2)                                |   |                                     |  |   |  |
| (3)                                |   |                                     |  |   |  |
| (4)                                |   |                                     |  |   |  |
| <b>Totals</b>                      |   |                                     | Add columns 5 and 10<br>Enter here and on page 1, Part I,<br>line 8, column (A)      | Add columns 6 and 11<br>Enter here and on page 1, Part I,<br>line 8, column (B) |  |
|                                    |   |                                     | 0.   | 0.  |  |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)     | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4)  |
|--------------------------|---------------------|--|---------------------------------|--|
| (1)                      |                     |  |                                 |  |
| (2)                      |                     |  |                                 |  |
| (3)                      |                     |  |                                 |  |
| (4)                      |                     |  |                                 |  |
| <b>Totals</b>            |                     | Enter here and on page 1<br>Part I, line 9, column (A) |                                 | Enter here and on page 1<br>Part I, line 9, column (B) |
|                          |                     | 0.   |                                 | 0.   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col (A)                          | Enter here and on page 1, Part I, line 10, col (B)  |   |                                      | Enter here and on page 1, Part II, line 26                                      |
|                                      |   | 0.  | 0.  |   |                                      | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I. Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1)  |                             |                             |   |                       |                     |  |
| (2)  |                             |                             |   |                       |                     |  |
| (3)  |                             |                             |   |                       |                     |  |
| (4)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.  |                       |                     | 0.   |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical              | 2. Gross advertising income                           | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|---|--|---|-----------------------|---------------------|---|
| (1)                                |   |  |   |                       |                     |   |
| (2)                                |   |  |   |                       |                     |   |
| (3)                                |   |  |   |                       |                     |   |
| (4)                                |   |  |   |                       |                     |   |
| <b>Totals from Part I</b>          | 0.  | 0.   |   |                       |                     | 0.  |
| <b>Totals, Part II (lines 1-5)</b> | Enter here and on page 1, Part I, line 11, col (A) 0. | Enter here and on page 1, Part I, line 11 col (B) 0. |   |                       |                     | Enter here and on page 1 Part II, line 27 0.                                      |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4) SEE STATEMENT 5                                      |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 |          |  | 50,218.  |

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|   |  |                                  |
|---|--|----------------------------------|
| Name(s) shown on return<br>DIALYSIS CLINIC INC. | Business or activity to which this form relates<br>FORM 990-T PAGE 1 | Identifying number<br>62-0850498 |
|---|--|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**  
Note: If you have any listed property, complete Part V before you complete Part I

|  |   |           |
|--|---|-----------|
| 1 Maximum amount (see instructions)  | 1 | 1,000,000 |
| 2 Total cost of section 179 property placed in service (see instructions)  | 2 |           |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3 | 2,050,000 |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  | 4 | 0         |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 1,000,000 |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost  |   |           |
| 7 Listed property Enter the amount from line 29  |   |           |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  |   |           |
| 9 Tentative deduction Enter the smaller of line 5 or line 8  |   |           |
| 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562   |   |           |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions                      |   |           |
| 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11   |   |           |
| 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 ▶  |   |           |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions)**

|   |    |  |
|---|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 Property subject to section 168(f)(1) election   | 15 |  |
| 16 Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions)**

**Section A**

|   |    |         |
|---|----|---------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2018   | 17 | 339,640 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |         |

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 30-year      |  |  | 30 yrs | MM | S/L |  |
| d 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|   |    |         |
|---|----|---------|
| 21 Listed property Enter amount from line 28  | 21 |         |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 339,640 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |

DIALYSIS CLINIC INC.

62-0850498

FORM 990-T

INTEREST PAID

STATEMENT 1

DESCRIPTION

AMOUNT

INTEREST EXPENSE

152,635.

TOTAL TO FORM 990-T, PAGE 1, LINE 18

152,635.

STATEMENT(S) 1

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

|                          |            |
|--------------------------|------------|
| CONSULTING FEES          | 47,146.    |
| DATA PROCESSING          | 76,545.    |
| RENTAL EXPENSE           | 83,210.    |
| OTHER INSURANCE EXPENSE  | 95,660.    |
| COMMUNICATION EXPENSE    | 48,352.    |
| SEMINAR & TRAVEL EXPENSE | 50,976.    |
| POSTAGE AND FREIGHT      | 401,636.   |
| PAYROLL TAX EXPENSE      | 274,559.   |
| MISCELLANEOUS EXPENSE    | 298,134.   |
| AIRCRAFT EXPENSE         | 1,038,619. |
| OUTSIDE SERVICES         | 11,778.    |

TOTAL TO FORM 990-T, PAGE 1, LINE 28

2,426,615.



## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2013 432,470  
 FOR TAX YEAR 2014  
 FOR TAX YEAR 2015  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017

TOTAL CARRYOVER 432,470  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 432,470  
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 432,470  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 432,470

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 09/30/18                          | 962,182.       | 0.                      | 962,182.       | 962,182.            |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 962,182.       | 962,182.            |

FORM 990-T

SCHEDULE K - COMPENSATION OF OFFICERS,  
DIRECTORS AND TRUSTEES

STATEMENT 5

| NAME                            | TITLE                       | PERCENT | COMPENSATION |
|---------------------------------|-----------------------------|---------|--------------|
| WILLIAM E. WOOD                 | PRESIDENT                   | 1.46%   | 16,350.      |
| JAMES E. ATTRILL                | VICE PRESIDENT              | 1.46%   | 7,731.       |
| DONOVAN SCHUTLZ                 | CHIEF FINANCIAL<br>OFFICER  | 1.46%   | 3,248.       |
| STUART REDPATH                  | CHIEF OPERATIONS<br>OFFICER | 1.46%   | 6,762.       |
| MARY HOBEIKA                    | CHIEF STRATEGY<br>OFFICER   | 1.46%   | 3,892.       |
| JOE SWEARINGEN                  | ASSISTANT<br>TREASURER      | 1.46%   | 3,324.       |
| DOUG JOHNSON                    | VICE CHAIRMAN               | 1.46%   | 7,377.       |
| JAMES PERRY                     | DIRECTOR                    | 1.46%   | 1,534.       |
| TOTAL TO FORM 990-T, SCHEDULE K |                             |         | 50,218.      |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization DIALYSIS CLINIC INC. Employer identification number 62-0850498

Unrelated business activity code (see instructions) ▶ 423000

Describe the unrelated trade or business ▶ SALE OF MEDICAL SUPPLIES

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| 1 a  | Gross receipts or sales <u>1,031.</u>   |            |              |         |
| b  | Less returns and allowances   |            |              |         |
| c  | Balance ▶   | 1,031.     |              |         |
| 2  | Cost of goods sold (Schedule A, line 7)   | 530.       |              |         |
| 3  | Gross profit Subtract line 2 from line 1c   | 501.       |              | 501.    |
| 4 a  | Capital gain net income (attach Schedule D)   |            |              |         |
| b  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |            |              |         |
| c  | Capital loss deduction for trusts   |            |              |         |
| 5  | Income (loss) from a partnership or an S corporation (attach statement)               |            |              |         |
| 6  | Rent income (Schedule C)  |            |              |         |
| 7  | Unrelated debt-financed income (Schedule E)   |            |              |         |
| 8  | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |            |              |         |
| 9  | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |            |              |         |
| 10   | Exploited exempt activity income (Schedule I)   |            |              |         |
| 11   | Advertising income (Schedule J)   |            |              |         |
| 12   | Other income (See instructions, attach schedule)                                      |            |              |         |
| 13   | <b>Total.</b> Combine lines 3 through 12  | 501.       |              | 501.    |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|      |  |     |  |       |
|------|--|-----|--|-------|
| 14   | Compensation of officers, directors, and trustees (Schedule K)   |     |  |       |
| 15   | Salaries and wages   |     |  | 480.  |
| 16   | Repairs and maintenance  |     |  | 6.    |
| 17   | Bad debts  |     |  |       |
| 18   | Interest (attach schedule) (see instructions)  |     |  |       |
| 19   | Taxes and licenses   |     |  |       |
| 20   | Charitable contributions (See instructions for limitation rules)   |     |  |       |
| 21   | Depreciation (attach Form 4562)  | 69. |  |       |
| 22 a | Less depreciation claimed on Schedule A and elsewhere on return  |     |  | 69.   |
| 23   | Depletion  |     |  |       |
| 24   | Contributions to deferred compensation plans   |     |  | 8.    |
| 25   | Employee benefit programs  |     |  | 86.   |
| 26   | Excess exempt expenses (Schedule I)  |     |  |       |
| 27   | Excess readership costs (Schedule J)   |     |  |       |
| 28   | Other deductions (attach schedule) SEE STATEMENT 6   |     |  | 329.  |
| 29   | <b>Total deductions.</b> Add lines 14 through 28   |     |  | 978.  |
| 30   | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            |     |  | -477. |
| 31   | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |     |  |       |
| 32   | Unrelated business taxable income Subtract line 31 from line 30  |     |  | -477. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases (530.), 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total (530.), 6 Inventory at end of year, 7 Cost of goods sold (530.), 8 Do the rules of section 263A apply? (Yes/No, X in No)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows labeled (1) through (4) for property description.

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and (b)(a) Deductions. Rows (1)-(4) and Total (0.).

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I line 6 column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes Totals row.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|   |   |                                  |
|---|---|----------------------------------|
| Name(s) shown on return<br>DIALYSIS CLINIC INC. | Business or activity to which this form relates<br>SCHEDULE M, ENTITY 1 | Identifying number<br>62-0850498 |
|---|---|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I

|   |                              |                  |                               |                              |                  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|
| 1 Maximum amount (see instructions)   | 1                            | 1,000,000        |                               |                              |                  |  |  |  |
| 2 Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |                               |                              |                  |  |  |  |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,050,000        |                               |                              |                  |  |  |  |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-   | 4                            |                  |                               |                              |                  |  |  |  |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions  | 5                            |                  |                               |                              |                  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">6 (a) Description of property</td> <td style="width:25%;">(b) Cost (business use only)</td> <td style="width:30%;">(c) Elected cost</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |
| 7 Listed property Enter the amount from line 29   | 7                            |                  |                               |                              |                  |  |  |  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7   | 8                            |                  |                               |                              |                  |  |  |  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8   | 9                            |                  |                               |                              |                  |  |  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562  | 10                           |                  |                               |                              |                  |  |  |  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions   | 11                           |                  |                               |                              |                  |  |  |  |
| 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |                               |                              |                  |  |  |  |
| 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 ▶   | 13                           |                  |                               |                              |                  |  |  |  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|   |    |  |
|---|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 Property subject to section 168(f)(1) election   | 15 |  |
| 16 Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|   |    |    |
|---|----|----|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2018   | 17 | 69 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |    |

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 30-year      |  |  | 30 yrs | MM | S/L |  |
| d 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions.)**

|   |    |    |
|---|----|----|
| 21 Listed property Enter amount from line 28  | 21 |    |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 69 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |    |

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION

AMOUNT

PAYROLL TAX EXPENSE

31.

MISCELLANEOUS EXPENSE

298.

TOTAL TO SCHEDULE M, PART II, LINE 28

329.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization DIALYSIS CLINIC INC. Employer identification number 62-0850498

Unrelated business activity code (see instructions) ▶ 541610  
Describe the unrelated trade or business ▶ MANAGEMENT SERVICES

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses    | (C) Net         |
|--|---|------------|-----------------|-----------------|
| <b>1 a</b>                                       | Gross receipts or sales <u>681,351.</u>   |            |                 |                 |
| <b>b</b>   | Less returns and allowances   |            |                 |                 |
| <b>c</b>   | Balance ▶   | <b>1c</b>  |                 |                 |
| <b>2</b>   | Cost of goods sold (Schedule A, line 7)   | <b>2</b>   |                 |                 |
| <b>3</b>   | Gross profit Subtract line 2 from line 1c   | <b>3</b>   |                 | <b>681,351.</b> |
| <b>4 a</b>                                       | Capital gain net income (attach Schedule D)   | <b>4a</b>  |                 |                 |
| <b>b</b>   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b>  |                 |                 |
| <b>c</b>   | Capital loss deduction for trusts   | <b>4c</b>  |                 |                 |
| <b>5</b>   | Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>   |                 |                 |
| <b>6</b>   | Rent income (Schedule C)  | <b>6</b>   |                 |                 |
| <b>7</b>   | Unrelated debt-financed income (Schedule E)   | <b>7</b>   |                 |                 |
| <b>8</b>   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>   |                 |                 |
| <b>9</b>   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>   |                 |                 |
| <b>10</b>  | Exploited exempt activity income (Schedule I)   | <b>10</b>  |                 |                 |
| <b>11</b>  | Advertising income (Schedule J)   | <b>11</b>  |                 |                 |
| <b>12</b>  | Other income (See instructions, attach schedule)                                      | <b>12</b>  |                 |                 |
| <b>13</b>  | <b>Total.</b> Combine lines 3 through 12  | <b>13</b>  | <b>681,351.</b> | <b>681,351.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|           |  |            |                 |
|-----------|--|------------|-----------------|
| <b>14</b> | Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |                 |
| <b>15</b> | Salaries and wages   | <b>15</b>  | <b>95,673.</b>  |
| <b>16</b> | Repairs and maintenance  | <b>16</b>  |                 |
| <b>17</b> | Bad debts  | <b>17</b>  |                 |
| <b>18</b> | Interest (attach schedule) (see instructions)  | <b>18</b>  |                 |
| <b>19</b> | Taxes and licenses   | <b>19</b>  |                 |
| <b>20</b> | Charitable contributions (See instructions for limitation rules)   | <b>20</b>  |                 |
| <b>21</b> | Depreciation (attach Form 4562)  | <b>21</b>  | <b>3,205.</b>   |
| <b>22</b> | Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> | <b>22b</b>      |
| <b>23</b> | Depletion  | <b>23</b>  | <b>3,205.</b>   |
| <b>24</b> | Contributions to deferred compensation plans   | <b>24</b>  | <b>2,179.</b>   |
| <b>25</b> | Employee benefit programs  | <b>25</b>  | <b>24,984.</b>  |
| <b>26</b> | Excess exempt expenses (Schedule I)  | <b>26</b>  |                 |
| <b>27</b> | Excess readership costs (Schedule J)   | <b>27</b>  |                 |
| <b>28</b> | Other deductions (attach schedule) <span style="float: right;">SEE STATEMENT 7</span>                          | <b>28</b>  | <b>118,516.</b> |
| <b>29</b> | <b>Total deductions.</b> Add lines 14 through 28   | <b>29</b>  | <b>244,557.</b> |
| <b>30</b> | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | <b>30</b>  | <b>436,794.</b> |
| <b>31</b> | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |                 |
| <b>32</b> | Unrelated business taxable income Subtract line 31 from line 30  | <b>32</b>  | <b>436,794.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|    |   |    |  |   |   |     |    |
|----|---|----|--|---|---|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year  | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7   |    |
| 3  | Cost of labor                                   | 3  |  |   |   |     |    |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |   |     |    |
| b  | Other costs (attach schedule)                   | 4b |  |   |   |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |   |     |    |
|    |   |    |  |   |   | Yes | No |
|    |   |    |  |   |   |     | X  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|   |   |   |    |
|---|---|---|----|
| (1)   |   |   |    |
| (2)   |   |   |    |
| (3)   |   |   |    |
| (4)   |   |   |    |
| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |    |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |    |
| (1)   |   |   |    |
| (2)   |   |   |    |
| (3)   |   |   |    |
| (4)   |   |   |    |
| Total   | 0.  | Total   | 0. |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)         |   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)                    |    |
| 0.  |   | 0.  |    |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|   |   |   |  |   |
|---|---|---|--|---|
| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
|   |   |   | Enter here and on page 1, Part I, line 7, column (A)                         | Enter here and on page 1, Part I, line 7, column (B)                |
|   |   |   | 0.   | 0.  |
| <b>Totals</b>   |   |   |  |   |
| <b>Total dividends-received deductions</b> included in column 8                                   |   |   |  | 0.  |

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|   |   |                                  |
|---|---|----------------------------------|
| Name(s) shown on return<br>DIALYSIS CLINIC INC. | Business or activity to which this form relates<br>SCHEDULE M, ENTITY 2 | Identifying number<br>62-0850498 |
|---|---|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|    |  |                              |                  |
|----|--|------------------------------|------------------|
| 1  | Maximum amount (see instructions)  | 1                            | 1,000,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)  | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3                            | 2,050,000        |
| 4  | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562  | 10                           |                  |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 ▶   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions)**

**Section A**

|    |  |    |       |
|----|--|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018   | 17 | 3,205 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

|     |            |  |        |    |     |  |
|-----|------------|--|--------|----|-----|--|
| 20a | Class life |  |        |    | S/L |  |
| b   | 12-year    |  | 12 yrs |    | S/L |  |
| c   | 30-year    |  | 30 yrs | MM | S/L |  |
| d   | 40-year    |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|    |  |    |       |
|----|--|----|-------|
| 21 | Listed property Enter amount from line 28  | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 3,205 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |       |

DIALYSIS CLINIC INC.

62-0850498

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION

AMOUNT

DATA PROCESSING

116,966.

MISCELLANEOUS EXPENSE

1,550.

TOTAL TO SCHEDULE M, PART II, LINE 28

118,516.

STATEMENT(S) 7

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

|   |                                  |
|---|----------------------------------|
| Name(s) shown on return<br>DIALYSIS CLINIC INC. | Identifying number<br>62-0850498 |
|---|----------------------------------|

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
(See instructions and complete Part(s) III before Parts I and II.)

|   |  |   |         |
|---|--|---|---------|
| 1 | General business credit from line 2 of all Parts III with box A checked  | 1 | 24,843  |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked <input type="checkbox"/> 2 <input type="checkbox"/>                         | 2 |         |
| 3 | Enter the applicable passive activity credits allowed for 2018 See instructions  | 3 |         |
| 4 | Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach | 4 | 99,838  |
| 5 | Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with box D checked See instructions                          | 5 |         |
| 6 | Add lines 1, 3, 4, and 5   | 6 | 124,681 |

**Part II Allowable Credit**

|     |  |     |   |
|-----|--|-----|---|
| 7   | Regular tax before credits<br><ul style="list-style-type: none"> <li>Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return</li> <li>Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return</li> </ul> | 7   |   |
| 8   | Alternative minimum tax<br><ul style="list-style-type: none"> <li>Individuals Enter the amount from Form 6251, line 11</li> <li>Corporations Enter -0-</li> <li>Estates and trusts Enter the amount from Schedule I (Form 1041), line 56</li> </ul>  | 8   |   |
| 9   | Add lines 7 and 8  | 9   | 0 |
| 10a | Foreign tax credit   | 10a |   |
| b   | Certain allowable credits (see instructions)   | 10b |   |
| c   | Add lines 10a and 10b  | 10c | 0 |
| 11  | Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16   | 11  | 0 |
| 12  | Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-  | 12  |   |
| 13  | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 See instructions  | 13  |   |
| 14  | Tentative minimum tax<br><ul style="list-style-type: none"> <li>Individuals Enter the amount from Form 6251, line 9</li> <li>Corporations Enter -0-</li> <li>Estates and trusts Enter the amount from Schedule I (Form 1041), line 54</li> </ul>   | 14  |   |
| 15  | Enter the greater of line 13 or line 14  | 15  |   |
| 16  | Subtract line 15 from line 11 If zero or less, enter -0-   | 16  | 0 |
| 17  | Enter the smaller of line 6 or line 16<br><b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization  | 17  |   |

For Paperwork Reduction Act Notice, see separate instructions.

**Part II Allowable Credit** (continued)

**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

|    |   |    |        |
|----|---|----|--------|
| 18 | Multiply line 14 by 75% (0.75). See instructions.   | 18 |        |
| 19 | Enter the greater of line 13 or line 18.  | 19 | 0      |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0-.  | 20 | 0      |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0-.  | 21 | 0      |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked.   | 22 | 55,943 |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked. <input type="text" value="23"/>  |    |        |
| 24 | Enter the applicable passive activity credit allowed for 2018. See instructions.  | 24 |        |
| 25 | Add lines 22 and 24.  | 25 | 55,943 |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25.  | 26 | 0      |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0-.  | 27 | 0      |
| 28 | Add lines 17 and 26.  | 28 | 0      |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0-.  | 29 | 0      |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked.  | 30 |        |
| 31 | Reserved.   | 31 |        |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked. <input type="text" value="32"/>   |    |        |
| 33 | Enter the applicable passive activity credits allowed for 2018. See instructions.   | 33 |        |
| 34 | Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach.   | 34 | 55,943 |
| 35 | Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions.  | 35 |        |
| 36 | Add lines 30, 33, 34, and 35.   | 36 | 55,943 |
| 37 | Enter the <b>smaller</b> of line 29 or line 36.   | 37 | 0      |
| 38 | <b>Credit allowed for the current year.</b> Add lines 28 and 37.<br>Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return:<br>• Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51<br>• Corporations Form 1120, Schedule J, Part I, line 5c<br>• Estates and trusts Form 1041, Schedule G, line 2b | 38 | 0      |

|  |   |
|--|---|
| Name(s) shown on return<br><b>DIALYSIS CLINIC INC.</b> | Identifying number<br><b>62-0850498</b> |
|--|---|

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below See instructions

- |   |   |
|---|---|
| <p><b>A</b> <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p><b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p><b>C</b> <input type="checkbox"/> General Business Credit Carryforwards</p> <p><b>D</b> <input type="checkbox"/> General Business Credit Carrybacks</p> | <p><b>E</b> <input type="checkbox"/> Reserved</p> <p><b>F</b> <input type="checkbox"/> Reserved</p> <p><b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p><b>H</b> <input type="checkbox"/> Reserved</p> |
|---|---|

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>Enter the appropriate amount |
|--|---|-------------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity |   |                                     |
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)  | <b>1a</b>   |                                     |
| <b>b</b> Reserved  | <b>1b</b>   |                                     |
| <b>c</b> Increasing research activities (Form 6765)  | <b>1c</b>   |                                     |
| <b>d</b> Low-income housing (Form 8586, Part I only)   | <b>1d</b>   |                                     |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)   | <b>1e</b>   |                                     |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)   | <b>1f</b>   |                                     |
| <b>g</b> Indian employment (Form 8845)   | <b>1g</b>   | 24,843                              |
| <b>h</b> Orphan drug (Form 8820)   | <b>1h</b>   |                                     |
| <b>i</b> New markets (Form 8874)   | <b>1i</b>   |                                     |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                                   | <b>1j</b>   |                                     |
| <b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)                        | <b>1k</b>   |                                     |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)   | <b>1l</b>   |                                     |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)   | <b>1m</b>   |                                     |
| <b>n</b> Distilled spirits (Form 8906)   | <b>1n</b>   |                                     |
| <b>o</b> Nonconventional source fuel (carryforward only)   | <b>1o</b>   |                                     |
| <b>p</b> Energy efficient home (Form 8908)   | <b>1p</b>   |                                     |
| <b>q</b> Energy efficient appliance (carryforward only)  | <b>1q</b>   |                                     |
| <b>r</b> Alternative motor vehicle (Form 8910)   | <b>1r</b>   |                                     |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)   | <b>1s</b>   |                                     |
| <b>t</b> Enhanced oil recovery credit (Form 8830)  | <b>1t</b>   |                                     |
| <b>u</b> Mine rescue team training (Form 8923)   | <b>1u</b>   |                                     |
| <b>v</b> Agricultural chemicals security (carryforward only)   | <b>1v</b>   |                                     |
| <b>w</b> Employer differential wage payments (Form 8932)   | <b>1w</b>   |                                     |
| <b>x</b> Carbon oxide sequestration (Form 8933)  | <b>1x</b>   |                                     |
| <b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)  | <b>1y</b>   |                                     |
| <b>z</b> Qualified plug-in electric vehicle (carryforward only)  | <b>1z</b>   |                                     |
| <b>aa</b> Employee retention (Form 5884-A)   | <b>1aa</b>  |                                     |
| <b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))  | <b>1bb</b>  |                                     |
| <b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)                | <b>1zz</b>  |                                     |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I  | <b>2</b>  | 24,843                              |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II  | <b>3</b>  |                                     |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)  | <b>4a</b>   |                                     |
| <b>b</b> Work opportunity (Form 5884)  | <b>4b</b>   |                                     |
| <b>c</b> Biofuel producer (Form 6478)  | <b>4c</b>   |                                     |
| <b>d</b> Low-income housing (Form 8586, Part II)   | <b>4d</b>   |                                     |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)   | <b>4e</b>   |                                     |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                                     | <b>4f</b>   |                                     |
| <b>g</b> Qualified railroad track maintenance (Form 8900)  | <b>4g</b>   |                                     |
| <b>h</b> Small employer health insurance premiums (Form 8941)  | <b>4h</b>   |                                     |
| <b>i</b> Increasing research activities (Form 6765)  | <b>4i</b>   |                                     |
| <b>j</b> Employer credit for paid family and medical leave (Form 8994)   | <b>4j</b>   |                                     |
| <b>z</b> Other   | <b>4z</b>   |                                     |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II  | <b>5</b>  | 0                                   |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II  | <b>6</b>  | 24,843                              |

|  |                                  |
|--|----------------------------------|
| Name(s) shown on return<br><b>DIALYSIS CLINIC INC.</b> | Identifying number<br>62-0850498 |
|--|----------------------------------|

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |   |  |
|---|--|
| <b>A</b> <input type="checkbox"/> General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> Reserved                                     |
| <b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity     | <b>F</b> <input type="checkbox"/> Reserved                                     |
| <b>C</b> <input checked="" type="checkbox"/> General Business Credit Carryforwards    | <b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/> General Business Credit Carrybacks                  | <b>H</b> <input type="checkbox"/> Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

| (a) Description of credit   | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>Enter the appropriate amount |
|---|---|-------------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |   |                                     |
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)   | <b>1a</b>   |                                     |
| <b>b</b> Reserved   | <b>1b</b>   |                                     |
| <b>c</b> Increasing research activities (Form 6765)   | <b>1c</b>   |                                     |
| <b>d</b> Low-income housing (Form 8586, Part I only)  | <b>1d</b>   |                                     |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)  | <b>1e</b>   |                                     |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)  | <b>1f</b>   |                                     |
| <b>g</b> Indian employment (Form 8845)  | <b>1g</b>   | 99,838                              |
| <b>h</b> Orphan drug (Form 8820)  | <b>1h</b>   |                                     |
| <b>i</b> New markets (Form 8874)  | <b>1i</b>   |                                     |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                                    | <b>1j</b>   |                                     |
| <b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)                         | <b>1k</b>   |                                     |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)  | <b>1l</b>   |                                     |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)  | <b>1m</b>   |                                     |
| <b>n</b> Distilled spirits (Form 8906)  | <b>1n</b>   |                                     |
| <b>o</b> Nonconventional source fuel (carryforward only)  | <b>1o</b>   |                                     |
| <b>p</b> Energy efficient home (Form 8908)  | <b>1p</b>   |                                     |
| <b>q</b> Energy efficient appliance (carryforward only)   | <b>1q</b>   |                                     |
| <b>r</b> Alternative motor vehicle (Form 8910)  | <b>1r</b>   |                                     |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)  | <b>1s</b>   |                                     |
| <b>t</b> Enhanced oil recovery credit (Form 8830)   | <b>1t</b>   |                                     |
| <b>u</b> Mine rescue team training (Form 8923)  | <b>1u</b>   |                                     |
| <b>v</b> Agricultural chemicals security (carryforward only)  | <b>1v</b>   |                                     |
| <b>w</b> Employer differential wage payments (Form 8932)  | <b>1w</b>   |                                     |
| <b>x</b> Carbon oxide sequestration (Form 8933)   | <b>1x</b>   |                                     |
| <b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)   | <b>1y</b>   |                                     |
| <b>z</b> Qualified plug-in electric vehicle (carryforward only)   | <b>1z</b>   |                                     |
| <b>aa</b> Employee retention (Form 5884-A)  | <b>1aa</b>  |                                     |
| <b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))   | <b>1bb</b>  |                                     |
| <b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)                 | <b>1zz</b>  |                                     |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I   | <b>2</b>  | 99,838                              |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II   | <b>3</b>  | 55,943                              |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)   | <b>4a</b>   |                                     |
| <b>b</b> Work opportunity (Form 5884)   | <b>4b</b>   |                                     |
| <b>c</b> Biofuel producer (Form 6478)   | <b>4c</b>   |                                     |
| <b>d</b> Low-income housing (Form 8586, Part II)  | <b>4d</b>   |                                     |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)  | <b>4e</b>   |                                     |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                                      | <b>4f</b>   |                                     |
| <b>g</b> Qualified railroad track maintenance (Form 8900)   | <b>4g</b>   |                                     |
| <b>h</b> Small employer health insurance premiums (Form 8941)   | <b>4h</b>   |                                     |
| <b>i</b> Increasing research activities (Form 6765)   | <b>4i</b>   |                                     |
| <b>j</b> Employer credit for paid family and medical leave (Form 8994)  | <b>4j</b>   |                                     |
| <b>z</b> Other  | <b>4z</b>   |                                     |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II   | <b>5</b>  | 0                                   |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II   | <b>6</b>  | 155,781                             |

DIALYSIS CLINIC INC.  
EIN: 62-0850498  
TAX YEAR ENDING: 9/30/2019

**FORM 3800 GENERAL BUSINESS CREDIT CARRYFORWARD: INDIAN EMPLOYMENT**

| <u>TAX YEAR</u> | <u>CREDIT</u> | <u>PREVIOUSLY APPLIED</u> | <u>CREDIT REMAINING</u> | <u>AVAILABLE THIS YEAR</u> |
|-----------------|---------------|---------------------------|-------------------------|----------------------------|
| 9/30/2017       | 48,389        | -                         | 48,389                  | 48,389                     |
| 9/30/2018       | 51,449        | -                         | 51,449                  | 51,449                     |
|                 |               |                           | Total                   | <u>99,838</u>              |



DIALYSIS CLINIC INC.

EIN: 62-0850498

TAX YEAR ENDING: 9/30/2018

FORM 3800 GENERAL BUSINESS CREDIT CARRYFOWARD: EMPOWERMENT ZONE EMPLOYMENT

| <u>TAX YEAR</u> | <u>CREDIT</u> | <u>PREVIOUSLY APPLIED</u> | <u>CREDIT REMAINING</u> | <u>AVAILABLE THIS YEAR</u> |
|-----------------|---------------|---------------------------|-------------------------|----------------------------|
| 9/30/2016       | 44,795        | 25,005                    | 19,790                  | 19,790                     |
| 9/30/2017       | 33,819        | 11,289                    | 22,530                  | 22,530                     |
| 9/30/2018       | 13,623        |                           | 13,623                  | 13,623                     |
|                 |               |                           | Total                   | 55,943                     |