

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                              |                                                                                                                                                                              |
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| <b>Part II</b>                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                               |
| <b>1a</b> Name of plan<br>RENAL CAREPARTNERS, INC. 401(K) PLAN                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                 |
|                                                                                                                                                                                                                              | <b>1c</b> Effective date of plan<br>01/01/2004                                                                                                                               |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>RENAL CAREPARTNERS, INC.<br><br>4000 HOLLYWOOD BLVD., SUITE 300N<br>HOLLYWOOD, FL 33021 | <b>2b</b> Employer Identification Number (EIN)<br>04-3637127<br><b>2c</b> Sponsor's telephone number<br>305-512-0014<br><b>2d</b> Business code (see instructions)<br>621498 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2010 | JEFF FERNANDEZ                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                    |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>RENAL CAREPARTNERS, INC.<br><br>4000 HOLLYWOOD BLVD., SUITE 300N<br>HOLLYWOOD, FL 33021 | <b>3b</b> Administrator's EIN<br>04-3637127<br><br><b>3c</b> Administrator's telephone number<br>305-512-0014 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
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|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 170 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 167 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 30  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 197 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 197 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 101 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 17  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

  

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

  

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                         |     |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                         |     |
| <b>A</b> Name of plan<br>RENAL CAREPARTNERS, INC. 401(K) PLAN                              | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>RENAL CAREPARTNERS, INC. |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>04-3637127                                |                                         |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 26303                                 | 130                                                                         | 01/01/2009              | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 5782                                 | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

IRWIN ZAGORIA  
1700 N. DIXIE HWY., STE. 130  
BOCA RATON, FL 33423

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 5374                                          |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INVESTACORP  
PO BOX 9320  
MIAMI LAKES, FL 33014-9320

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 224                                           |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENSION INVESTORS CORP

3939 HOLLYWOOD BLVD., STE 1A  
HOLLYWOOD, FL 33021

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 184                                           |                                 |             | 5                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 7397   |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 865744 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                             |              |      |
|---------------------------------------------------------------------------------------------|--------------|------|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    | 3048 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> | 4284 |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> |      |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> | 123  |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> |      |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> |      |
| ▶                                                                                           |              |      |
| (6) Total additions .....                                                                   | <b>7c(6)</b> | 4407 |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    | 7455 |
| <b>e</b> Deductions:                                                                        |              |      |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> |      |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> | 58   |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> |      |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> |      |
| ▶                                                                                           |              |      |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> | 58   |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 7397 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>RENAL CAREPARTNERS, INC. 401(K) PLAN                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RENAL CAREPARTNERS, INC.                                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br>04-3637127                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |                                      |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                      |
| JOHN HANCOCK USA                                                                                                  | PO BOX 600<br>BUFFALO, NY 14201-0600 |
| 01-0233346                                                                                                        |                                      |

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |  |
|                                                                                                                   |  |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |  |
|                                                                                                                   |  |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |  |
|                                                                                                                   |  |

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

IRWIN ZAGORIA

1700 N. DIXIE HWY., STE 130  
BOCA RATON, FL 14201-0600

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 22                               | BROKER<br>CONSULTANT                                                                                                 | 5374                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                                                               |                     |              |
|--------------------|---------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | GOLDSTEIN LEWIN & CO.                                         | <b>b</b> EIN:       | 59-2147155   |
| <b>c</b> Position: | ACCOUNTANTS                                                   |                     |              |
| <b>d</b> Address:  | 1675 N. MILITARY TRAIL<br>FIFTH FLOOR<br>BOCA RATON, FL 33486 | <b>e</b> Telephone: | 561-994-5050 |

Explanation: THE ABOVE NAMED FIRM WAS ACQUIRED BY MAYER HOFFMAN MCCANN P.C.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>    |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                        |                                                                                                                                                                                                                                   |                                                                                                    |
| A Name of plan<br>RENAL CAREPARTNERS, INC. 401(K) PLAN                                                                                                                            |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                                                               |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>RENAL CAREPARTNERS, INC.                                                                                         |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>04-3637127                                               |
| Part I                                                                                                                                                                            | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)                                                         |                                                                                                    |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2045                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8832  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2040                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3398  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72809 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2025                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11678 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2020                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3387  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2010                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                    |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                    |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40488 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                   |                                                                                                                                                                                                                                   |                                                                                                    |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE GROWTH****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>218412</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE BALANCED****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>213287</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE MODERATE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>47561</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE CONSERVATIVE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>34944</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ENERGY****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7417</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER DEVELOPING MKT****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4882</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE SCI & TECH****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2270</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SCIENCE & TECHNOLOGY FUND****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2259</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **DFA U.S. SMALL CAP FUND****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>219</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **DAVIS FINANCIAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1481</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                                        |                                                                                                                           |
|---------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AIM SMALL CAP GROWTH</a>               |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2117</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTERNATIONAL VALUE FUND</a>           |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1320</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FRANKLIN SMALL-MID GROWTH</a>          |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2093</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE HEALTH SCI</a>           |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2854</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">EUROPACIFIC GROWTH FUND</a>            |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">6546</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ALL CAP GROWTH FUND</a>                |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">11968</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">REAL EST. SECURITIES FUND</a>          |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">14095</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP VALUE FUND</a>               |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1776</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPTIMIZED ALL CAP FUND</a>             |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1163</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">COLUMBIA VALUE &amp; RESTRUCTURING</a> |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>                |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                    | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">7792</a>  |

|                                                                      |                        |                                                                                                          |
|----------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3871 |

  

|                                                                    |                        |                                                                                                          |
|--------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL  |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1869 |

  

|                                                                      |                        |                                                                                                          |
|----------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6807 |

  

|                                                                     |                        |                                                                                                           |
|---------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16333 |

  

|                                                                    |                        |                                                                                                          |
|--------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES       |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2523 |

  

|                                                                      |                        |                                                                                                          |
|----------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE VALUE |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3582 |

  

|                                                                    |                        |                                                                                                         |
|--------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD     |                        |                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                         |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147 |

  

|                                                                    |                        |                                                                                                          |
|--------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH     |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1612 |

  

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|--------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1282 |

  

|                                                                           |                        |                                                                                                          |
|---------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6198 |

|                                                                                    |                                        |                                                                                                                         |
|------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ALL CAP VALUE FUND</a>  |                                        |                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                         |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">120</a> |

  

|                                                                                        |                                        |                                                                                                                         |
|----------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MUTUAL GLOBAL DISCOVERY</a> |                                        |                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>     |                                        |                                                                                                                         |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                         | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">648</a> |

  

|                                                                                     |                                        |                                                                                                                         |
|-------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPTIMIZED VALUE FUND</a> |                                        |                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>  |                                        |                                                                                                                         |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                      | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">157</a> |

  

|                                                                                       |                                        |                                                                                                                          |
|---------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">DAVIS NEW YORK VENTURE</a> |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>    |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">4115</a> |

  

|                                                                                         |                                        |                                                                                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE EQUITY INC</a> |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>      |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                          | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8914</a> |

  

|                                                                                    |                                        |                                                                                                                          |
|------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">500 INDEX FUND</a>      |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3316</a> |

  

|                                                                                    |                                        |                                                                                                                          |
|------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MUTUAL BEACON</a>       |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1211</a> |

  

|                                                                                            |                                        |                                                                                                                         |
|--------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WASHINGTON MUTUAL INVESTORS</a> |                                        |                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>         |                                        |                                                                                                                         |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                             | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">534</a> |

  

|                                                                                              |                                        |                                                                                                                           |
|----------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INVESTMENT COMPANY OF AMERICA</a> |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>           |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                               | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">11998</a> |

  

|                                                                                       |                                        |                                                                                                                         |
|---------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN BALANCED FUND</a> |                                        |                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>    |                                        |                                                                                                                         |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">680</a> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SHORT-TERM FEDERAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                           |
|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">13677</a> |
|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO TOTAL RETURN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                          |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">9216</a> |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO GLOBAL BOND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                          |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2797</a> |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO REAL RETURN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                         |
|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">146</a> |
|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LM WESTRN ASSET GLB HIGH YIELD](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                          |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">4041</a> |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PRICE SPECTRUM INC](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                           |
|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">21300</a> |
|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MONEY MARKET FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                           |
|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">13175</a> |
|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                                   |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2009</span> and ending <span style="color: blue;">12/31/2009</span> |                                                                                                   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">RENAL CAREPARTNERS, INC. 401(K) PLAN</span>                                                                | <b>B</b> Three-digit plan number (PN) ►                                                           | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                                   |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">RENAL CAREPARTNERS, INC.</span>                                    | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">04-3637127</span> |                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 4434                  | 6590            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 33003                 | 2595            |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   | 497846                | 865744          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 3048                  | 7397            |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 538331                | 882326          |

**Liabilities**

|                                                                           |           |      |       |
|---------------------------------------------------------------------------|-----------|------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 3446 | 49621 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 3446 | 49621 |

**Net Assets**

|                                                           |           |        |        |
|-----------------------------------------------------------|-----------|--------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 534885 | 832705 |
|-----------------------------------------------------------|-----------|--------|--------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 31914      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 223366     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 4161       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 259441    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |     |     |
|------------------------------------------------------------------------------------------------------|-----------------|-----|-----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 123 |     |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |     |     |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |     |     |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |     |     |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |     |     |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |     |     |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |     | 123 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 180452    |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 440016    |

**Expenses**

|                                                                                            |              |       |        |
|--------------------------------------------------------------------------------------------|--------------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 74176 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 74176  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       | 59921  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |       |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 8099  |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |       |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |       |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 8099   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 142196 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 297820 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 100000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RENAL CAREPARTNERS, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RENAL CAREPARTNERS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-3637127</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>01-0233346</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**RENAL CAREPARTNERS, INC. 401(k) PLAN**

**FINANCIAL STATEMENTS**

Years Ended December 31, 2009 and 2008



Mayer Hoffman McCann P.C.

An Independent CPA Firm

Goldstein Lewin Division

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
Renal CarePartners, Inc. 401(k) Plan  
Hollywood, Florida

We were engaged to audit the statement of net assets available for benefits of the Renal CarePartners, Inc. 401(k) Plan (the "Plan") as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008, were audited by other auditors, Goldstein Lewin & Co. whose shareholders became shareholders of Mayer Hoffman McCann P.C. as of January 1, 2010. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by John Hancock Life Insurance Company, the custodian of the Plan (the "Custodian"). Their report, dated September 25, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company, the custodian of the Plan (the "Custodian"), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the Custodian is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Mayer Hoffman McCann P.C.*

Boca Raton, Florida

October 5, 2010

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**RENAL CAREPARTNERS, INC. 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2009 and 2008

|                                   | <u>2009</u>              | <u>2008</u>              |
|-----------------------------------|--------------------------|--------------------------|
| <b>ASSETS</b>                     |                          |                          |
| Cash                              | \$ 6,590                 | \$ 4,434                 |
| Investments, at fair value:       |                          |                          |
| Pooled separate accounts          | 852,569                  | 474,772                  |
| Money market and other funds      | <u>20,572</u>            | <u>26,122</u>            |
|                                   | <u>873,141</u>           | <u>500,894</u>           |
| Employer contributions receivable | <u>2,595</u>             | <u>33,003</u>            |
| TOTAL ASSETS                      | <u>882,326</u>           | <u>538,331</u>           |
| <b>LIABILITIES</b>                |                          |                          |
| Excess contributions payable      | 49,621                   | 3,446                    |
| Other liabilities                 | <u>-</u>                 | <u>2,280</u>             |
| TOTAL LIABILITIES                 | <u>49,621</u>            | <u>5,726</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 832,705</u></u> | <u><u>\$ 532,605</u></u> |

See Notes to Financial Statements

**RENAL CAREPARTNERS, INC. 401(k) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2009 and 2008

|                                                              | <u>2009</u>       | <u>2008</u>       |
|--------------------------------------------------------------|-------------------|-------------------|
| ADDITIONS                                                    |                   |                   |
| Investment income (loss):                                    |                   |                   |
| Net appreciation (depreciation) in fair value of investments | \$ 180,452        | \$ (164,864)      |
| Dividend and interest income                                 | <u>123</u>        | <u>63</u>         |
|                                                              | <u>180,575</u>    | <u>(164,801)</u>  |
| Contributions:                                               |                   |                   |
| Participant                                                  | 223,366           | 235,442           |
| Employer                                                     | 31,914            | 30,723            |
| Rollover                                                     | <u>4,161</u>      | <u>164,677</u>    |
|                                                              | <u>259,441</u>    | <u>430,842</u>    |
| TOTAL ADDITIONS                                              | <u>440,016</u>    | <u>266,041</u>    |
| DEDUCTIONS                                                   |                   |                   |
| Benefits paid to participants                                | 71,896            | 57,552            |
| Corrective distributions                                     | 59,921            | 2,338             |
| Administrative expenses                                      | <u>8,099</u>      | <u>5,012</u>      |
| TOTAL DEDUCTIONS                                             | <u>139,916</u>    | <u>64,902</u>     |
| NET INCREASE                                                 | 300,100           | 201,139           |
| NET ASSETS AVAILABLE FOR BENEFITS                            |                   |                   |
| Beginning of year                                            | <u>532,605</u>    | <u>331,466</u>    |
| End of year                                                  | <u>\$ 832,705</u> | <u>\$ 532,605</u> |

See Notes to Financial Statements

## RENAL CAREPARTNERS, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

#### ( 1 ) Description of plan

The following description of the Renal CarePartners, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan sponsored by Renal CarePartners, Inc. (the "Company") for the benefit of its employees (and employees of various participating employers, all of whom are related entities under common ownership to the Company) who have one year of service, are at least twenty-one years of age, and meet certain other requirements as outlined in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Plan amendments** – In December 2009, the Plan was amended to comply with the provisions of the Pension Protection Act of 2006 and other Internal Revenue Service ("IRS") guidance.

At certain dates in 2009 and 2008, the Plan was amended to add various related entities under common ownership to the Company as participating employers in the Plan.

**Contributions** - Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, subject to limitations established by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions as defined in the Plan.

Each year the Company may make discretionary matching contributions to the Plan. During the years ended December 31, 2009 and 2008, the Company made matching contributions equal to 25% of the first 4% of participants' compensation that was contributed to the Plan. The Company's matching contributions aggregated \$31,914 and \$30,723, for the years ended December 31, 2009 and 2008, respectively. The Company's matching contributions are invested within each participant's account in accordance with the participant's own investment elections.

Additionally, the Company may also make profit sharing and/or qualified nonelective contributions ("QNEC") to the Plan. During the years ended December 31, 2009 and 2008, the Company did not make any profit sharing or QNEC contributions to the Plan.

**Participant investment account options** - Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts, a money market fund, and guaranteed interest accounts as investment options for participants.

**Participant accounts** - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## RENAL CAREPARTNERS, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

#### ( 1 ) Description of plan (continued)

**Vesting** – Participants are immediately vested in their own contributions and QNEC contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions, plus actual earnings thereon, is subject to the following vesting schedule:

| <u>Years of Service</u> | <u>Vested %</u> |
|-------------------------|-----------------|
| 1                       | 0%              |
| 2                       | 20%             |
| 3                       | 40%             |
| 4                       | 60%             |
| 5                       | 80%             |
| 6                       | 100%            |

**Payment of benefits** - On termination of service due to death, disability, retirement, other reasons, or qualifying under certain "hardship" rules as prescribed by the IRS, a participant may elect to receive distributions from the Plan. Distributions of \$1,000 or less are to be made in a single lump-sum payment. Distributions in excess of \$1,000 may be in the form of a single lump-sum payment or in installments, as elected by the participant.

**Forfeited accounts** – Forfeitures are retained in the Plan and may be used to reduce future Company contributions. Forfeitures during 2009 and 2008, and unapplied forfeitures at December 31, 2009 and 2008 were not significant.

#### ( 2 ) Summary of significant accounting policies

**Basis of accounting** - The financial statements of the Plan are prepared under the accrual method of accounting.

**Use of estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### **New accounting pronouncements –**

Fair Value Measurements - In April and September 2009, the Financial Accounting Standards Board ("FASB") issued guidance which (i) provided additional guidance for estimating fair value when the volume and level of activity for the asset or liability have significantly decreased, (ii) provided guidance on identifying circumstances that indicate a transaction is not orderly, (iii) permitted, as a practical expedient, entities to measure the fair value of certain investments based on the net asset value per share, and (iv) expanded the required disclosures about fair value measurements. The adoption of this guidance did not have a material effect on the Plan's net assets available for benefits or the changes in net assets available for benefits.

## RENAL CAREPARTNERS, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

#### ( 2 ) Summary of significant accounting policies (continued)

##### **New accounting pronouncements (continued)**

Subsequent Events - In May 2009 and February 2010, the FASB issued guidance which established general standards of accounting for, and disclosure of, events that occur after the balance sheet date but before financial statements are issued or are available to be issued. In particular, this guidance established (i) the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure, (ii) the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date, and (iii) the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The adoption of this guidance did not have a material effect on the Plan's net assets available for benefits or the changes in net assets available for benefits.

FASB Codification - In June 2009, the FASB issued new codification standards (Accounting Standards Codification ("ASC")) which represent the source of authoritative U.S. generally accepted accounting principles ("GAAP") recognized by the FASB to be applied by non-governmental entities. Rules and interpretive releases of the Securities and Exchange Commission ("SEC") under authority of federal securities laws are also sources of authoritative GAAP for SEC registrants. The codification supersedes all non-SEC accounting and reporting standards which existed prior to the codification. All other non-grandfathered, non-SEC accounting literature not included in the codification is non-authoritative. The new codification standards were effective for 2009.

Fair Value Disclosures - In January 2010, the FASB issued guidance which expanded the required disclosures about fair value measurements. In particular, this guidance requires (i) separate disclosure of the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements along with the reasons for such transfers, (ii) information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements, (iii) fair value measurement disclosures for each class of assets and liabilities, and (iv) disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements that fall in either Level 2 or Level 3. This guidance is effective for annual reporting periods beginning after December 15, 2009 except for (ii) above which is effective for fiscal years beginning after December 15, 2010. The Company is currently evaluating the impact that this guidance will have on the Plan's financial statement disclosures.

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note (5) for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# RENAL CAREPARTNERS, INC. 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

### ( 2 ) Summary of significant accounting policies (continued)

**Payment of benefits** - Benefits are recorded when paid.

**Administrative expenses** – Most of the Plan's administrative expenses are paid by the Company and are not included in the statements of changes in net assets available for benefits. Administrative expenses paid for by the Plan amounted to \$8,099 and \$5,012 for the years ended December 31, 2009 and 2008, respectively. These amounts have been allocated monthly in proportion to each participant's account balance.

**Retroactive reclassification** – Certain items in the statement of net assets available for benefits at December 31, 2008 have been retroactively reclassified to conform to the classifications adopted in 2009.

### ( 3 ) Investments

The following presents investments that represent 5% or more of the Plan's net assets:

|                                 | <u>December 31,</u> |             |
|---------------------------------|---------------------|-------------|
|                                 | <u>2009</u>         | <u>2008</u> |
| John Hancock Lifestyle Growth   | \$ 218,487          | \$ 127,890  |
| John Hancock Lifestyle Balanced | 213,287             | 153,196     |
| John Hancock Lifecycle 2030     | 72,809              | 28,581      |
| John Hancock Lifestyle Moderate | 47,561              | N/A         |

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

|                          | <u>Years Ended December 31,</u> |              |
|--------------------------|---------------------------------|--------------|
|                          | <u>2009</u>                     | <u>2008</u>  |
| Pooled separate accounts | \$ 180,452                      | \$ (164,864) |

### ( 4 ) Information prepared and certified by the custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company ("John Hancock"), the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation (depreciation) in fair value of investments
- Dividend and interest income
- Schedule of assets (held at end of year)

## RENAL CAREPARTNERS, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

#### ( 4 ) Information prepared and certified by the custodian (continued)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### ( 5 ) Fair value measurements

FASB ASC 820, (formerly Statement of Financial Accounting Standard ("SFAS") No. 157), *Fair Value Measurements and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

*Pooled separate accounts:* Valued at fair value. The fair value of shares of an underlying fund equals the number of shares of the respective underlying fund multiplied by the net asset value per share quoted by the fund.

*Money market and other funds:* Represents the value at which shares of these funds may be purchased or redeemed.

# RENAL CAREPARTNERS, INC. 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

### ( 5 ) Fair value measurements (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

| Investments at Fair Value as of December 31, 2009 |                   |             |             |                   |
|---------------------------------------------------|-------------------|-------------|-------------|-------------------|
|                                                   | Level 1           | Level 2     | Level 3     | Total             |
| Pooled separate accounts:                         |                   |             |             |                   |
| Lifecycle                                         | \$ 100,454        | \$ -        | \$ -        | \$ 100,454        |
| Lifestyle                                         | 554,767           | -           | -           | 554,767           |
| Aggressive growth                                 | 45,426            | -           | -           | 45,426            |
| Growth                                            | 69,820            | -           | -           | 69,820            |
| Growth & income                                   | 30,926            | -           | -           | 30,926            |
| Income                                            | 51,176            | -           | -           | 51,176            |
| Total pooled separate accounts                    | 852,569           | -           | -           | 852,569           |
| Money market and other funds                      | 20,572            | -           | -           | 20,572            |
| Total investments at fair value                   | <u>\$ 873,141</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 873,141</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

| Investments at Fair Value as of December 31, 2008 |                   |             |             |                   |
|---------------------------------------------------|-------------------|-------------|-------------|-------------------|
|                                                   | Level 1           | Level 2     | Level 3     | Total             |
| Pooled separate accounts                          | \$ 474,772        | \$ -        | \$ -        | \$ 474,772        |
| Money market and other funds                      | 26,122            | -           | -           | 26,122            |
| Total investments at fair value                   | <u>\$ 500,894</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 500,894</u> |

## RENAL CAREPARTNERS, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

**( 6 ) Excess contributions payable**

Excess deferral contributions are refundable to active participants to satisfy the relevant nondiscrimination provisions of the Plan. At December 31, 2009 and 2008, these amounts have been included in the accompanying statements of net assets available for benefits as excess contributions payable.

**( 7 ) Party-in-interest transactions**

The Plan's investments are in pooled separate accounts and other funds managed by John Hancock. John Hancock is the custodian as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Additionally, certain recordkeeping and other services to the Plan were provided by a party-in-interest.

**( 8 ) Plan termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

**( 9 ) Tax status**

The Internal Revenue Service has determined and issued an opinion letter dated March 31, 2008 that the prototype plan adopted by the Company is designed in accordance with the applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receipt of this letter, the plan administrator believes that the Plan, as amended, continues to qualify and operate in compliance with the applicable requirements of the Code.

**( 10 ) Reconciliations of financial statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Schedule H of Form 5500:

|                                                                   | December 31,      |                   |
|-------------------------------------------------------------------|-------------------|-------------------|
|                                                                   | 2009              | 2008              |
| Net assets available for benefits per the financial statements    | \$ 832,705        | \$ 532,605        |
| Add: other liabilities                                            | -                 | 2,280             |
| Net assets available for benefits per Schedule H of the Form 5500 | <u>\$ 832,705</u> | <u>\$ 534,885</u> |

# RENAL CAREPARTNERS, INC. 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

### ( 10 ) Reconciliations of financial statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2009 and 2008 to Schedule H of Form 5500:

|                                                                                | Years Ended December 31, |                   |
|--------------------------------------------------------------------------------|--------------------------|-------------------|
|                                                                                | 2009                     | 2008              |
| Net increase in net assets available for benefits per the financial statements | \$ 300,100               | \$ 201,139        |
| Add (Less): Company payments applicable to other liabilities                   | (2,280)                  | 2,280             |
| Net increase in net assets available per Schedule H of Form 5500               | <u>\$ 297,820</u>        | <u>\$ 203,419</u> |

Additionally, certain line items applicable to the Plan's investments as reported on Schedule H of the Form 5500 have been reclassified on the accompany statements of net assets available for benefits. These reclassifications have no impact on net assets available for benefits at December 31, 2009 and 2008, or changes in net assets available for benefits for the years then ended.

### ( 11 ) Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

### ( 12 ) Subsequent events

Effective January 1, 2010, the Plan was amended and restated upon the adoption of an updated volume-submitter plan document to comply with the provisions of the Pension Protection Act of 2006 and other IRS guidance. Participants' benefits under the Plan were unaffected by this amendment and restatement.

At certain dates in 2010, the Plan was amended to add various related entities under common ownership to the Company as participating employers in the Plan.

The Plan has evaluated subsequent events through October 5, 2010 which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL SCHEDULE**

**RENAL CAREPARTNERS, INC. 401(k) PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2009

EIN: 04-3637127

Plan Number: 001

| (a) | (b)                                                         | (c)<br>Description<br>of investments<br>including maturity<br>date, rate of interest,<br>collateral, par, or<br>maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
|     | Identity of issue,<br>borrower, lessor,<br>or similar party |                                                                                                                                | (1)             |                             |
|     |                                                             | Pooled separate accounts:                                                                                                      |                 |                             |
| *   | John Hancock                                                | Lifestyle Growth                                                                                                               |                 | \$ 218,487                  |
| *   | John Hancock                                                | Lifestyle Balanced                                                                                                             |                 | 213,287                     |
| *   | John Hancock                                                | Lifecycle 2030                                                                                                                 |                 | 72,809                      |
| *   | John Hancock                                                | Lifestyle Moderate                                                                                                             |                 | 47,561                      |
| *   | John Hancock                                                | Lifestyle Aggressive                                                                                                           |                 | 40,488                      |
| *   | John Hancock                                                | Lifestyle Conservative                                                                                                         |                 | 34,944                      |
| *   | John Hancock                                                | T. Rowe Price Spectrum Inc.                                                                                                    |                 | 21,300                      |
| *   | John Hancock                                                | Domini Social Equity                                                                                                           |                 | 16,333                      |
| *   | John Hancock                                                | Real Estate Securities Fund                                                                                                    |                 | 14,095                      |
| *   | John Hancock                                                | Short-Term Federal                                                                                                             |                 | 13,677                      |
| *   | John Hancock                                                | AF - Investment Co of America                                                                                                  |                 | 11,998                      |
| *   | John Hancock                                                | All Cap Growth Fund                                                                                                            |                 | 11,968                      |
| *   | John Hancock                                                | Lifecycle 2025                                                                                                                 |                 | 11,678                      |
| *   | John Hancock                                                | PIMCO Total Return                                                                                                             |                 | 9,216                       |
| *   | John Hancock                                                | T. Rowe Price Equity Inc.                                                                                                      |                 | 8,914                       |
| *   | John Hancock                                                | Lifecycle 2045                                                                                                                 |                 | 8,832                       |
| *   | John Hancock                                                | Columbia Value & Restructuring                                                                                                 |                 | 7,792                       |
| *   | John Hancock                                                | Energy                                                                                                                         |                 | 7,417                       |
| *   | John Hancock                                                | Blue Chip Growth Fund                                                                                                          |                 | 6,807                       |
| *   | John Hancock                                                | EuroPacific Growth Fund                                                                                                        |                 | 6,546                       |
| *   | John Hancock                                                | AF - Growth Fund of America                                                                                                    |                 | 6,198                       |
| *   | John Hancock                                                | Oppenheimer Developing Mkt                                                                                                     |                 | 4,882                       |
| *   | John Hancock                                                | Davis New York Venture                                                                                                         |                 | 4,115                       |
| *   | John Hancock                                                | LM Partners Glb High Yield                                                                                                     |                 | 4,040                       |
| *   | John Hancock                                                | JPM MidCap Value Fund                                                                                                          |                 | 3,871                       |
| *   | John Hancock                                                | BlackRock Large Value                                                                                                          |                 | 3,582                       |
| *   | John Hancock                                                | Lifecycle 2040                                                                                                                 |                 | 3,398                       |
| *   | John Hancock                                                | Lifecycle 2020                                                                                                                 |                 | 3,387                       |
| *   | John Hancock                                                | 500 Index Fund                                                                                                                 |                 | 3,316                       |

**RENAL CAREPARTNERS, INC. 401(k) PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**

December 31, 2009

EIN: 04-3637127

Plan Number: 001

| (a) | (b)                                                         | (c)<br>Description<br>of investments<br>including maturity<br>date, rate of interest,<br>collateral, par, or<br>maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
|     | Identity of issue,<br>borrower, lessor,<br>or similar party |                                                                                                                                |                 |                             |
|     |                                                             | Pooled separate accounts (continued)                                                                                           | (1)             |                             |
| *   | John Hancock                                                | T. Rowe Price Health Science                                                                                                   |                 | 2,854                       |
| *   | John Hancock                                                | PIMCO Global Bond                                                                                                              |                 | 2,797                       |
| *   | John Hancock                                                | MFS Utilities                                                                                                                  |                 | 2,523                       |
| *   | John Hancock                                                | T. Rowe Price Sci & Tech                                                                                                       |                 | 2,270                       |
| *   | John Hancock                                                | Science & Technology Fund                                                                                                      |                 | 2,259                       |
| *   | John Hancock                                                | Small Cap Growth Index                                                                                                         |                 | 2,117                       |
| *   | John Hancock                                                | Franklin Small-Mid Growth                                                                                                      |                 | 2,093                       |
| *   | John Hancock                                                | Oppenheimer Global                                                                                                             |                 | 1,869                       |
| *   | John Hancock                                                | Small Cap Value Fund                                                                                                           |                 | 1,777                       |
| *   | John Hancock                                                | Jennison Growth                                                                                                                |                 | 1,612                       |
| *   | John Hancock                                                | Financial Services Fund                                                                                                        |                 | 1,481                       |
| *   | John Hancock                                                | International Value Fund                                                                                                       |                 | 1,320                       |
| *   | John Hancock                                                | Capital Appreciation Fund                                                                                                      |                 | 1,282                       |
| *   | John Hancock                                                | Mutual Beacon                                                                                                                  |                 | 1,211                       |
| *   | John Hancock                                                | Optimized All Cap Fund                                                                                                         |                 | 1,164                       |
| *   | John Hancock                                                | AF - American Balanced Fund                                                                                                    |                 | 680                         |
| *   | John Hancock                                                | Mutual Global Discovery                                                                                                        |                 | 648                         |
| *   | John Hancock                                                | AF - Washington Mutual                                                                                                         |                 | 534                         |
| *   | John Hancock                                                | Lifecycle 2010                                                                                                                 |                 | 350                         |
| *   | John Hancock                                                | DFA U.S. Small Cap Fund                                                                                                        |                 | 219                         |
| *   | John Hancock                                                | Optimized Value Fund                                                                                                           |                 | 158                         |
| *   | John Hancock                                                | Templeton World                                                                                                                |                 | 147                         |
| *   | John Hancock                                                | PIMCO Real Return                                                                                                              |                 | 146                         |
| *   | John Hancock                                                | All Cap Value Fund                                                                                                             |                 | 120                         |
|     |                                                             | Total mutual funds                                                                                                             |                 | 852,569                     |
| *   | John Hancock                                                | Money market and other funds                                                                                                   |                 | 20,572                      |
|     |                                                             |                                                                                                                                |                 | <u>\$ 873,141</u>           |

\* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
SCHEDULE H, LINE 4i

EMPLOYER: RENAL CAREPARTNERS, INC. 401(K) PLAN  
EIN: 04-3637127

Period 1/1/2009 - 12/31/2009  
PLAN # 001

| SUB-ACCOUNT NAME               | Decription of Investment including<br>maturity date, rate of interest, colateral,<br>par, or maturity value | CURRENT VALUE |
|--------------------------------|-------------------------------------------------------------------------------------------------------------|---------------|
| Lifecycle 2045                 | Pooled/Mutual Fund                                                                                          | 8,832.00      |
| Lifecycle 2040                 | Pooled/Mutual Fund                                                                                          | 3,398.00      |
| Lifecycle 2030                 | Pooled/Mutual Fund                                                                                          | 72,809.00     |
| Lifecycle 2025                 | Pooled/Mutual Fund                                                                                          | 11,678.00     |
| Lifecycle 2020                 | Pooled/Mutual Fund                                                                                          | 3,387.00      |
| Lifecycle 2010                 | Pooled/Mutual Fund                                                                                          | 350.00        |
| Lifestyle Aggressive           | Pooled/Mutual Fund                                                                                          | 40,488.00     |
| Lifestyle Growth               | Pooled/Mutual Fund                                                                                          | 218,412.00    |
| Lifestyle Balanced             | Pooled/Mutual Fund                                                                                          | 213,287.00    |
| Lifestyle Moderate             | Pooled/Mutual Fund                                                                                          | 47,561.00     |
| Lifestyle Conservative         | Pooled/Mutual Fund                                                                                          | 34,944.00     |
| Energy                         | Pooled/Mutual Fund                                                                                          | 7,417.00      |
| Oppenheimer Developing Mkt     | Pooled/Mutual Fund                                                                                          | 4,882.00      |
| T. Rowe Price Sci & Tech       | Pooled/Mutual Fund                                                                                          | 2,270.00      |
| Science & Technology Fund      | Pooled/Mutual Fund                                                                                          | 2,259.00      |
| DFA U.S. Small Cap Fund        | Pooled/Mutual Fund                                                                                          | 219.00        |
| Davis Financial                | Pooled/Mutual Fund                                                                                          | 1,481.00      |
| AIM Small Cap Growth           | Pooled/Mutual Fund                                                                                          | 2,117.00      |
| International Value Fund       | Pooled/Mutual Fund                                                                                          | 1,320.00      |
| Franklin Small-Mid Growth      | Pooled/Mutual Fund                                                                                          | 2,093.00      |
| T. Rowe Price Health Sci       | Pooled/Mutual Fund                                                                                          | 2,854.00      |
| EuroPacific Growth Fund        | Pooled/Mutual Fund                                                                                          | 6,546.00      |
| All Cap Growth Fund            | Pooled/Mutual Fund                                                                                          | 11,968.00     |
| Real Est. Securities Fund      | Pooled/Mutual Fund                                                                                          | 14,095.00     |
| Small Cap Value Fund           | Pooled/Mutual Fund                                                                                          | 1,776.00      |
| Optimized All Cap Fund         | Pooled/Mutual Fund                                                                                          | 1,163.00      |
| Columbia Value & Restructuring | Pooled/Mutual Fund                                                                                          | 7,792.00      |
| JPM MidCap Value Fund          | Pooled/Mutual Fund                                                                                          | 3,871.00      |
| Oppenheimer Global             | Pooled/Mutual Fund                                                                                          | 1,869.00      |
| Blue Chip Growth Fund          | Pooled/Mutual Fund                                                                                          | 6,807.00      |
| Domini Social Equity           | Pooled/Mutual Fund                                                                                          | 16,333.00     |
| MFS Utilities                  | Pooled/Mutual Fund                                                                                          | 2,523.00      |
| BlackRock Large Value          | Pooled/Mutual Fund                                                                                          | 3,582.00      |
| Templeton World                | Pooled/Mutual Fund                                                                                          | 147.00        |
| Jennison Growth                | Pooled/Mutual Fund                                                                                          | 1,612.00      |
| Capital Appreciation Fund      | Pooled/Mutual Fund                                                                                          | 1,282.00      |

|                                |                    |            |
|--------------------------------|--------------------|------------|
| The Growth Fund of America     | Pooled/Mutual Fund | 6,198.00   |
| All Cap Value Fund             | Pooled/Mutual Fund | 120.00     |
| Mutual Global Discovery        | Pooled/Mutual Fund | 648.00     |
| Optimized Value Fund           | Pooled/Mutual Fund | 157.00     |
| Davis New York Venture         | Pooled/Mutual Fund | 4,115.00   |
| T. Rowe Price Equity Inc       | Pooled/Mutual Fund | 8,914.00   |
| 500 Index Fund                 | Pooled/Mutual Fund | 3,316.00   |
| Mutual Beacon                  | Pooled/Mutual Fund | 1,211.00   |
| Washington Mutual Investors    | Pooled/Mutual Fund | 534.00     |
| Investment Company of America  | Pooled/Mutual Fund | 11,998.00  |
| American Balanced Fund         | Pooled/Mutual Fund | 680.00     |
| Short-Term Federal             | Pooled/Mutual Fund | 13,677.00  |
| PIMCO Total Return             | Pooled/Mutual Fund | 9,216.00   |
| PIMCO Global Bond              | Pooled/Mutual Fund | 2,797.00   |
| PIMCO Real Return              | Pooled/Mutual Fund | 146.00     |
| LM Westrn Asset Glb High Yield | Pooled/Mutual Fund | 4,041.00   |
| T. Rowe Price Spectrum Inc     | Pooled/Mutual Fund | 21,300.00  |
| Money Market Fund              | Pooled/Mutual Fund | 13,175.00  |
|                                |                    | 865,667.00 |