	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089				
				Plan		2009				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	d under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public				
	ension Benefit Guaranty Corporation	Inspection 500-SF.								
		entification Information				2000				
_	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009		g	12/31/2					
	This return/report is for:	first return/report	final retur	mployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:	an amended return/report		n/report vyear return/report (less than 12 mc	nthe)					
C	Check box if filing under:	Form 5558	•	extension	/1013)	DFVC program				
		special extension (enter descriptio								
Pa	art II Basic Plan Inform	nation—enter all requested information	,							
	Name of plan				1b	Three-digit				
NEPI	HROLOGY & HYPERTENSION	OF HUDSON VALLEY, PLLC 401K	PROFIT S	HARING PLAN AND TRUST		plan number (PN) ▶ 002				
					1c	Effective date of plan 01/01/1994				
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
	HROLOGY & HYPERTENSION	OF HUDSON VALLEY, PLLC			2c	(EIN) 20-0771543 Plan sponsor's telephone number				
	NORTH PLANK ROAD BURGH, NY 12550				2d	845-561-6191 Business code (see instructions)				
	Plan administrator's name and HROLOGY & HYPERTENSION	address (if same as Plan sponsor, er OF HUDSON 169 NORTH			3b	621111 Administrator's EIN 20-0771543				
	EY, PLLC	NEWBURGH			3c	Administrator's telephone number 845-561-6191				
4	f the name and/or EIN of the pla	in sponsor has changed since the las	st return/re	port filed for this plan, enter the	<b>4b</b> EIN					
name, EIN, and the plan number from the last return/report. Sponsor's name						PN				
5a	Total number of participants at	the beginning of the plan year				7				
b		the end of the plan year			5b	7				
C		th account balances as of the end of			5c	5				
6a		uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No				
	Are you claiming a waiver of th	e annual examination and report of a	an indeper	dent qualified public accountant (IC						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No				
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	46691	3	700829				
b	•		7b							
<u> </u>	•	'b from line 7a)	7c	46691	3	700829				
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total				
u			8a(1)	6731	0					
	(2) Participants		8a(2)	3300	0					
_	(3) Others (including rollovers)	)	8a(3)		0					
b			8b	13360	6					
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			233916				
u	1 1		8d							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	•		8g							
h :		Be, 8f, and 8g)	8h			0 233916				
i		e 8h from line 8c) ee instructions)				200910				
,			8j							

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

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## Part IV Plan Characteristics

- **9a** 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 2R 3B 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a	Yes	No X		Am	ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×				
on line 10a.)			~				
Was the plan covered by a fidelity bond?	10b		Х				
	10c	Х					60000
	10d		Х				
insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		Х				
Has the plan failed to provide any benefit when due under the plan?	10f		Х				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
	10h		Х				
	10i						
/I Pension Funding Compliance							
s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions, th of a	and e	nter th Day <b>12b</b>	e date	of the le	tter rul	
						. г	7
				res		NO	N/A
						1	
Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
of the PBGC?						Yes	× No
	ne plai	n(s) to					
c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)   Has the plan failed to provide any benefit when due under the plan?   Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud         Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance evice or other organization that provides some or all of the benefits under the plan? (See instructions,)	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor dishonesty?       10d       ×         Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).       10d       ×         Has the plan failed to provide any benefit when due under the plan?       10d       ×         Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       101         Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       100       ×         Has the plan failed to provide any benefit when due under the plan?       101       ×	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       Image: the plan's fidelity bond, that was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, instructions).       Image: the plan failed to provide any benefit when due under the plan?         Has the plan failed to provide any benefit when due under the plan?       Image: the plan failed to provide any benefit when due under the plan?         Id the plan have any participant loans? (If 'Yes," enter amount as of year end.)       Image: the plan failed to provide any benefit when due under the plan?         If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).       Image: the plan failed to provide the the plan?         If the sis an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).       Image: the plan failed to provide the the plan?         If the one answered 'Ves," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       Image: the adefined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500).         Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions, and enter the date of the legranting the waiver.       Image: the plan terminations and 12 c. fttp: the ange 2, and 10 of Schedule MB (Form 5500), and skip to line 13.         Enter the amount on time 12c, from the amount in	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud       10d       ×         Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, instructions).       10d       ×         Has the plan failed to provide any benefit when due under the plan?       10d       ×       10d       ×         10d       ×       10d<

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

SIGN	Filed with authorized/valid electronic signature.	10/05/2010	KYOUNG S. KIM					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

<u>۵</u>	Form 5500-SF	Short Form Annual		Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	t <b>Plan</b> ections 104 and 4065 of the Employe	A	2009		
	Department of Labor nployee Benefits Security Administration	Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of the ode (the Code).		This Form is Open to Public
	ension Benefit Guaranty Corporation			h the instructions to the Form 550	0-SE	Inspection
P	art I Annual Report Id	lentification Information	Addice wit	in the instructions to the Form 550	0-01.	
	calendar plan year 2009 or fisca		01/01/2	009 and ending		12/31/2009
Α	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
в	This return/report is for:	first return/report		n/report		
		an amended return/report	short pla	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	I Form 5558	_ automati	c extension		DFVC program
Ŭ		special extension (enter descript				
Pa	rt II Basic Plan Inform	nation—enter all requested inform				
	Name of plan	nation enter an requested mon			1b	Three-digit
		ension of Hudson Val	ley, PL	LC		plan number
	401k Profit Sharing	g Plan and Trust				(PN) ▶ 002
	-				1c	Effective date of plan 01/01/1994
22	Plan sponsor's name and addre	es (employer, if for single-employe	ar olan)		2h	Employer Identification Number
za	Nephrology & Hypert	ess (employer, if for single-employe tension of Hudson			20	(EIN) 20-0771543
	Valley, PLLC	,			2c	Plan sponsor's telephone number (845) 561-6191
	169 North Plank Roa	a			2d	Business code (see instructions) 621111
	Newburgh Plan administrator's name and	address (if same as Plan sponsor,	enter "Sam	<u>NY 12550</u>	3h	Administrator's EIN
Ja	SAME	address (il same as riali spolisor,	enter Gam	- ,	50	
					3c	Administrator's telephone number
4	f the name and/or EIN of the pla	in sponsor has changed since the l	ast return/re	port filed for this plan, enter the	4b	EIN
		r from the last return/report. Spons				
						PN
					<u>5a</u>	7
b		the end of the plan year			5b	. 7
с 	• •	th account balances as of the end			5c	5
6a	Were all of the plan's assets d	uring the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No
b				ndent qualified public accountant (IC		X Yes 🗌 No
				ions.) SF and must instead use Form 55		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	466,91	.3	700,829
b	Total plan liabilities		7b			
c	Net plan assets (subtract line 7	b from line 7a)	7c	466,91	.3	700,829
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or recei			C7 31	~	
				67,31		
				33,00	0	
		)		100.00	0	
b				133,60	6	222 016
C L		8a(2), 8a(3), and 8b)	<u>8c</u>			233,916
d		ollovers and insurance premiums	<u>8</u> d		_	
е	Certain deemed and/or correct	ive distributions (see instructions)	<u>8</u> e		_	
f	Administrative service provider	s (salaries, fees, commissions)			_	
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)				0
i	, ,,	8h from line 8c)				233,916
j		e instructions)	Ŋ			
For	Paperwork Reduction Act Notice and	OMB Control Numbers, see the instruct	tions for Form	5500-SF.		Form 5500-SF (2009) v.092308.1

1000-01	(2000)
۷.	092308.

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Page	2-		
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<b>D</b>										
Par 9a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe	eature codes from the	e List of Plan Char	acteri	stic Co	des in	the instru	ctions:		
Ju	2E 2F 2G 2J 2K 2R 3B	3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes from the	List of Plan Chara	cteris	tic Co	des in t	he instruc	ctions:		
Dent	V Compliance Questions									
Part 10					Yes	No				
	During the plan year: Was there a failure to transmit to the plan any participant contribution	ons within the time o	eriod described in	[	162	NU		Αποι	Int	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	•		10a		Х				
b	Were there any nonexempt transactions with any party-in-interest?	•	•	405		x				
-	on line 10a.)			10b		~			~ ~ ~	
C	Was the plan covered by a fidelity bond?			10c	X				60	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fir or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or othe									
	insurance service or other organization that provides some or all of instructions.)		• •	10e		х				
f	Has the plan failed to provide any benefit when due under the plan					x				
	Did the plan have any participant loans? (If "Yes," enter amount as			10f						
g h	If this is an individual account plan, was there a blackout period? (S	•		10g		X				
	2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the	•								
Dent	exceptions to providing the notice applied under 29 CFR 2520.101-	·3		10i						
Part 11	/I         Pension Funding Compliance           Is this a defined benefit plan subject to minimum funding requirement	nto? /If "Vac " ago in	tructions and com	nloto	Sahad		/Form			
	5500))								Yes	No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code	or se	ection 3	302 of I	ERISA?		Yes [	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	,								
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.									
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule					,-				
b	Enter the minimum required contribution for this plan year				L	12b				
С	Enter the amount contributed by the employer to the plan for this pla	an year		•••••		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	•	•			12d				
•	negative amount) Will the minimum funding amount reported on line 12d be met by the					اــــــــــــــــــــــــــــــــــــ	Yes	□ No	<u>п</u>	N/A
Part		e funding deadline ?								
	Has a resolution to terminate the plan been adopted during the plan		252					Π,	Yes	No
154	If "Yes," enter the amount of any plan assets that reverted to the em				Г	13a		<b>L</b>	103	
b	Were all the plan assets distributed to participants or beneficiaries, t									
	of the PBGC?							U ·	Yes	X No
С	If during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify th	ne pla	n(s) to					
				8c(3) F	PN(s)					
						( )				
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will he assessed	unless reasonabl	e cai	190 19	establi	ished			
	penalties of perjury and other penalties set forth in the instructions,							able, a	Sched	lule
SB or	Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.									
		81.11.	KYOUNC C							
SIGN		9/16/12	KYOUNG S. I					-ini <i>-</i> +		
1114	Signature of plan administrator	Date	Enter name of in	aividi	iai sigi	ung as	pian adm	ninistrat	or	
SIGN								-		
neki	Signature of employer/plan sponsor	Date	Enter name of in	dividu	ual sior	ning as	emplove	r or plar	n spon	sor

-		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor