Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 Image: Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 Image: Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in accordance with the instructions of the Form 5500-SF. Image: Complete all entries in	2012 This Form is Open to Public Inspection				
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012	Inspection				
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012					
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012)				
A This return/report is for:					
	a one-participant plan				
B This return/report is: the first return/report the final return/report					
an amended return/report a short plan year return/report (less than 12 months)					
C Check box if filing under:	DFVC program				
special extension (enter description)					
Part II Basic Plan Information—enter all requested information					
1a Name of plan 1b Three KIDNEY & HYPERTENSION SPECIALISTS OF NEW YORK PC 401K PLAN plan	ree-digit n number N) ▶ 001				
	ective date of plan 01/01/2004				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer KIDNEY & HYPERTENSION SPECIALISTS OF NEW YORK, PC (EIN) (EIN) (EIN)	ployer Identification Number				
	onsor's telephone number 212-439-9251				
	Business code (see instructions) 621111				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Adm	ministrator's EIN				
	ninistrator's telephone number				
4 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.					
a Sponsor's name 4C PN					
5a Total number of participants at the beginning of the plan year	6				
b Total number of participants at the end of the plan year	6				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	6				
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500 					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is estal					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, includi SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the belief, it is true, correct, and complete.	ding, if applicable, a Schedule				
SIGN Filed with authorized/valid electronic signature. 08/30/2013 MARIA DEVITA					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					
SIGN	•				
HERE	of individual signing as employer or plan sponsor				
	's telephone number (optional)				

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a	101331	9			1	184544	
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	101331	9			11	184544	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	0=(4)	2200	c					
(1) Employers		2299 3699						
(2) Participants		5099	0					
(3) Others (including rollovers)		10507	0					
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 		12537	9				05005	
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			-			85365	
to provide benefits)	8d	328	3					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g	1085	7					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						14140	
i Net income (loss) (subtract line 8h from line 8c)	8i						171225	
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
				Vac	No	A		
10 During the plan year:	utions within the	he time period described in		Yes	No	Ame	ount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 	luciary Correc	tion Program)	10a	Yes	No X	Amo	ount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide) b Were there any nonexempt transactions with any party-in-interess on line 10a.). 	luciary Correc at? (Do not inc	tion Program) lude transactions reported	10a 10b		-	Am	ount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest 	luciary Correc at? (Do not inc	tion Program) lude transactions reported		Yes	X	Am	ount 15000	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.). 	luciary Correc st? (Do not inc s fidelity bond,	tion Program) lude transactions reported 	10b		X	Am		
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 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c		x x x x x	Am		
 During the plan year: a Was there a failure to transmit to the plan any participant contribi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	Am		
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

KIDNEY AND HYPERTENS

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	Drm 5500-SF	Short Fo	rm Annua	I Return/Report Benefit Plan			and the second se	OMB Nos. 1210-0110 1210-0089			
ť	liemai Révalue Service	This form I	s required to be	filed under sections 104		2012					
	Department of Lebor Banetic Solutily Administration Banetic Gurranty Corporation	Retrement inc	ame Security At the Inte	t of 1974 (ERISA), and s amai Revenue Code (the	This Form is Open to Public Inspection						
Part I	Annual Report I	Complete a dentification I	li entries in sc information	cordance with the instr	uctions to the Form 5!	100-SF.			• • • • • • • • • •		
	idar plan year 2012 or fise	al plan year begin	ning	01/01/2012	and ending	<u> </u>	12/31/20:	12			
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B This r	alum/report is:	Une Rist naturn/	report	I the final return/report		1	CI e encipara				
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C Chec	k box if filing under:	X Form 5558		automatic extension			, DFVC prog				
			on (enter déscri	H							
Part II	Basic Plan Infor										
1a Nam KIDNE	e of plan X & HYPERTENSIO				PLAN	15	Three-digit plan number (PN)	001			
						16	Effective date 01/01/200	ot plan 4			
2a Pian: KIDNE	sponsor's name and addr & HYPERTENSION	ess; include room SPECIALIS	or suile number TS OF NBW	(employer, if for a single YORK, PC	-employer plan)		Employer Iden (EIN) 75-29	Ulication Nu	mber		
130 E	77TH STREET, 51	TH FLOOR				20	Sponapr's tele		er .		
NEW YC	DRK	NY	10075			20	Business code 621111		tiona)		
3a Plan :	administrator's name and	eddress XSame	es Plan Sponso	Name XSame as Pla	n Sponsor Address	35	Administrator's	EIN	• • •		
4 If the name	name and/or EIN of the p h EIN, and the plan numb	lan sponsor has ci er from the last rei	nariged since the	e last return/report filed fi	or this plan, entier the	4b	EIN				
a Spons	of's name					4c	PN	·			
	number of participants at					58			. 6		
D Total	number of participents at	the end of the play	n year	***********		5b			.6		
C Numb	er of participants with acc lete this item)	count balances as	of the end of the	e plan year (defined bond	hit plans do not	5.					
6a Were b Are yi under If you	ell of the plan's easets du ou claiming a waiver of the 29 CFR 2520,104-467 (S answered "No" to ethe	sting the plan year a annual examinat See instructions on ar, line Sajor, line 6	invested in eilg ion and report o waiver eilgibilit b, the plan car	lbie waards? (See instruc of an independent qualifier y and conditions.) Inot use Form 5500-SF	d public accountant (IQ	PA) Form :	5500.	X Yes X Yes	6 [] No [] No		
Caution: A	penalty for the late or i	ncomplete filing	of this return/n	port will be assessed a	uniess reasonable cau	se le e	stablished,	· · · · · · · · · · · · · · · · · · ·			
90 91 90 1 0	alities of perjury and other idule MB completed and a rue, corract, and complet	Ngried by an anno l	In the instruction led actuary, as in	ns, i declare that i have (well as the electronic vari	exemined this return/report sion of this return/report	oort, inc , and Lo	luding, if applic the best of my	able, e Scha knowledge	idule and		
SIGN	Merina	Delvia	wit.	8/10/2012	Maria Devita	•					
HERE	Signature of plan adm	Inistrator	.0	Date	Enter name of Individ	uni sign	ing as plan adn	inistrator			
SIGN	· · · · · · · · · · · · · · · · · · ·										
HERE	Signature of employer	plan sponsor		Date	Enter name of individ	ual sign	ing as employe	r or plan see	nsor		
Preparei's i	tame (including film name	ê, li epplicab le) an	d address; Inclu	de room or suite number	(oplionel)	Prepa	rer's letephone	number (opi	ional)		

For Paperwork Reduction Act Notice and OMB Control Numbers, she the Instructions for Form 5500-3F.

Form 5500-SF 2012

Page 2 Part III | Financial Information 7 Plan Assels and Liabilities (a) Beginning of Year (b) End of Year a Total plan assols 76 1013319 1184544 b Total plan liabilities 7þ C Net plan assets (subtract line 7b from line 7a)...... 7c 1013319 1184544 8 Income, Expenses, and Transfers for this Plan Year ų.I (a) Amount (b) Total 8 Contributions received or receivable from: - CELLER DER SERVI (1) Employers 22996 6a(1) in the parts of (2) Perticipanie Ga(2) 36990 a de la (3) Others (including rollovers),..... 80(3) with could of b Other income (loss) And the state of the 85 125379 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 1. 1. St. 1 8c i i 185365 d Benefits paid (including direct rollovers and insurance premiuma state set lo provide benefits)... 6đ 3283 Certzin deemed and/or corrective distributions (see instructions). 8e Administrative service providers (salaries, fees, commissions) ŧ. 87, g Other expenses 10857 80 h Total expenses (add lines 8d, 8e, 8f, and 8g) 6h al. 11、新新生用"新闻管理 14140 Net income (loss) (subtract fine Bh from fine 8c) 81 171225 Transfera to (from) the plan (see Instructions) 61 Star Bai e . °۲'s Part IV **Plan Characteristics** 9a If the plan provides pension behefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 20 2E If the plan provides welfare bonefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the improvidens: b Part V Compliance Questions 10 During the plan year: Yes No Amount 8 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) X 102 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X oh line 10a.).... 10b C Was the plan covered by a fidelity bond? х 10c 150000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d. х or dishonesly?..... 104 Were any less 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 X instructions.1 10 f Has the plan failed to provide any benefit when due under the plan? х 10f g Did the plan have any participant loans? (If "Yea," enter amount as of year ond.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 GFR 2520,101-3.) Х 10h If 10h was answered "Yes," check the bax if you either provided the required notice or one of the exceptions to providing the noBce applied under 29 CFR 2520.101-3 101 Part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schedule SB (Form 5500) and line 11a below) Yes I No 112 Enter the amount from Schedule SB line 39 11a is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... 12 Yes X No (If "Yes," complete fine 12s or lines 12b, 12c, 12d, and 12e below, as applicable.) 8 If a waiver of the minimum funding standard for a prior year is being smortized in this plan year, see instructions, and enter the date of the latter ruling Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule ME (Form 5500), and skip to fine 13. b Enter the minimum required contribution for this plan year.....

12h

Form 5500-SF 2012

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Page 3 - [

C Enter the amount contributed by the employer to the plan for this plan year		12c	· · · · · · · · · · · · · · · · · · ·	
		12d		
a through the ported of the 120 be met by the functing deadline?			Yes	
- And reminations and Transfers of Assets		4144.4	. 53	NO N/A
138 Has a resolution to terminate the plan been adopted in any plan year?			es X N	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		_	69 [17] [40	
The state of the line line of the second state		13a		
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions).	it the pleafe's li	*****	·	Yes X No
	wy una protit(s) in			
13c(1) Name of plan(s):	12	c(Z) E#	Ma)	42-/7 Phile)
			197	13c(3) PN(s)
				1
Part Ville Trust Information (optional)			**************************************	
14a Name of trust		A I		
		u) ue	st's EIN	
	1			