Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		rt Identification Information					
For calend	ar plan year 2013 or	fiscal plan year beginning 01/01/20	13	and ending	12/31/	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	3	special extension (enter descript	_				
Part II	Basic Plan In	formation—enter all requested inform	· · · · · · · · · · · · · · · · · · ·				
1a Name		onici an requested line.	nation		1b	Three-digit	
		ION ASSOCIATES PC PROFIT SHARI	NG 401(K) PLAN			plan number	
						(PN) ▶	003
					1c	Effective date of	•
22 Dlan a	noncor'o nomo and	addraga, include room er quite number	Compleyer if for a single	omployer plan)	26	01/01/	
		address; include room or suite number (SION ASSOCIATES PC	employer, ir for a single-	-employer plan)	20	Employer Identification (EIN) 20-35	
					20	Sponsor's telep	
1200 WATE	RS PLACE M104 S	OUTH LORRY				516-487	
BRONX, NY		SOTTEODBT			2d	Business code (see instructions)
						62111	
3a Plan a	dministrator's name	and address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's I	EIN
					2-		
					3C	Administrator's t	telephone number
		the plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
		number from the last return/report.			4.0	- DN	
	or's name				+	PN	
_		ts at the beginning of the plan year			5a		5
		ts at the end of the plan year			5b		5
		h account balances as of the end of the		-	5с		5
6a Were	all of the plan's ass	ets during the plan year invested in elig	ible assets? (See instruc	ctions.)			X Yes No
		of the annual examination and report of					
		6? (See instructions on waiver eligibility					X Yes No
		either line 6a or line 6b, the plan can					1
C If the	plan is a defined ber	efit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the lat	e or incomplete filing of this return/re	eport will be assessed	unless reasonable car	use is	established.	
		other penalties set forth in the instruction					
	edule MB completed true, correct, and co	and signed by an enrolled actuary, as wellete	well as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and
501101, 1010		·		T			
SIGN HERE	Filed with authorize	d/valid electronic signature.					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
SIGN							
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	r or plan sponsor
Preparer's	name (including firm	name, if applicable) and address; inclu	ıde room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)

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Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	·r			(b) End of Year
	Total plan assets	7a	(a) Beginning of Yea				872854
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	63090				872854
	Income, Expenses, and Transfers for this Plan Year	70			1	(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	7247	6			
	(2) Participants	8a(2)	4801	3			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	12145	7			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					241946
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f		0			
g	Other expenses	. 8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					241946
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а		tions withi	n the time period described in rection Program)	10a		X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X	
С				10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	
	Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service, or other organization that provides some or all					X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		19329
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		·				FRISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, or 3C	JUIOIT V	002 UI	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		⊔ay	i cai
	Enter the minimum required contribution for this plan year	,	1100), and sup to mio for			12b	

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part Annual Report Identification Information			· ·	· · · · · · · · · · · · · · · · · · ·
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/20)13
A This return/report is for:	a multiple-employer p	olan (not multiemployer)	a one-	participant plan
B This return/report is:	the final return/report	÷		
an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check box if filing under: Form 5558	automatic extension	•	DFVC	program
special extension (enter descri	otion)		lum)	· -
Part II Basic Plan Information enter all requested in				
1a Name of plan	normauon:		1b Three-did	nik I
			plan num	ber
Nephrology & Hypertension Associates PC Pr	orit Sharing 401	(K) Plan	(PN) ▶	003
			1c Effective 01/01/	
2a Plan sponsor's name and address; include room or suite number	r (employer, if for a single	employer plan)		Identification Number
Nephrology & Hypertension Associates PC				0-3543470
			2c Spansor's	s telephone number
1200 Waters Place M104 South Lobby				487-7600
1			2d Business	code (see instructions)
US Bronx NY 10461		·	621111	***************************************
3a Plan administrator's name and address 😨 Same as Plan Spor	nsor Name Same as I	Plan Sponsor Address	3b Administr	ators EIN
\$ 1.		•		
			3c Administr	ator's telephone number
N.E.		•		
4 If the name and/or EIN of the plan sponsor has changed since the	sa faat ratura/rasast filad t	or this plan in fact ha	4b EIN	
name, EIN, and the plan number from the last return/report.	ie iast returnneporcined i	or mis plan, enter the	40 EW	
a Sponsor's name			4c PN	
5a Total number of participants at the beginning of the plan year	1839 Pesseyyyti ugasakkanabayti ana besseyi ana ba	777296749887788813289577733365777355	5a	5
b Total number of participants at the end of the plan year	47. Ann. Ann. Phys. 10, 12 (1997); 11. Ann. Phys. 11. App. 11.		5b	5
C Number of participants with account balances as of the end of the				
complete this item)			5c	5
3a Were all of the plan's assets during the plan year invested in elig			IPPRESSEROSSBANDYČENEYDALĄD No. o v	X Yes No
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-467 (See instructions on waiver digibilities.)				XYes □No
If you answered "No" to either line 6a or line 6b, the plan ca				*** [V] 103 [1140
c If the plan is a defined benefit plan, is it covered under the PBGC	The state of the s	and the second s		No Not determined
······································	سنسند فالمستوال والمتوانية والمتو		·····	
Caution: A penalty for the late or incomplete filling of this return. Under penalties of perjury and other penalties set forth in the instruct				
SB or Schedule MB completed and signed by an enrolled actuary, as				
belief, it is true, correct, and complete.		*		
SIGN // /	7/9/14	CILL FIR		
HERE Signature of plan administrator	bate //	Enter name of Individua	il signing as plan	administrator
	7/5/11	Cill Fri	common Manager Common	the state of the Commission of
SIGN HERE Signature of employer/plan sponsor	Date	Enter name of individua	l signing as emn	lover or plan sponsor
Preparer's name (including firm name, if applicable) and address; inc				hone number (optional)
· · · · · · · · · · · · · · · · · · ·	7 At 1 The 1		· · · • · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
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			重换机 机电压	
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P:	et III Financial Information		<u> </u>				
7	Plan Assets and Liabilities	1,02,000	(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets				1		872,854
b	Total plan liabilities	7b		0.	+		0
C	Net plan assets (subtract line 7b from line 7a)	7c	630,9	08			872,854
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			-	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	72,4	76	1		
	(2) Participants	8a(2)	48,0	13	1000		
	(3) Others (including rollovers)	8a(3)		0			The Committee of State of Stat
b	Other income (loss)	8b	121,4	57		100	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		0			241,946
	Centain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0	100	101	
g	Other expenses	8g .		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ing.			0
	Net income (loss) (subtract line 8h from line 8c)	81				*******	241,946
Ţ	Transfers to (from) the plan (see instructions)	8j		0			
Pa	rt IV Plan Characteristics					750-25071-25	
	if the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea				·		······································
Pa	t V Compliance Questions				******************************	•••••	
10	During the plan year:			•	Yes	No	Amount
а		ions withir	the time period described in	10a		x	£ 1115 35 21 65
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not li	nclude transactions reported	106		x	
C	Was the plan covered by a fidelity bond?			10c		х	
ď	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bon	d, that was caused by fraud	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)	er persons of the bene	by an insurance carrier, offits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	x		19,329
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	20 10 10 10 10 10 10 10 10 10 10 10 10 10	N. BOARDAN, NE. CO. C.	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			101			
Par	VI Pension Funding Compliance			Linnend	L	t	<u> </u>
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)		The state of the s				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	ile SB (Form 5500) line 39		*****	11a	
12	Is this a defined contribution plan subject to the minimum funding re	equiremer	its of section 412 of the Gode	or sec	tion 30	2 of E	RISA? Yes X No
19.7	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	***************************************		-		T	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	d in this plan year, see instruct		and e	nter th	
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l				 	, . v	
	Enter the minimum required contribution for this plan year	1 4 4 2 4 1				2b	

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······································					
C Enter the amount contribute	I by the employer to the plan	for this plan year		12c	
C Subtract the amount in line :	2c from the amount in line 1:	2b. Enter fhe result (enter a minus s	inn to the left of a		
e Will the minimum funding an	nount reported on line 12d be	e met by the funding deadline?		In.	'es □ No □ N/A
	ons and Transfers of A			744677136674] 3	C3 L1 NO L1 N/
I 10	The state of the s	ıy plan year?	LLT' Francis Francis	Yes	X No
If "Yes," enter the amount of	any plan assets that reverted	d to the employer this year		13a	
b Were all the plan assets dist	ributed to participants or beni	eficiaries, transferred to another pla	n, or brought under t	he control	☐ Yes 🇷 No
C If during this plan year, any a	issets or liabilities were trans re transferred. (See instructio	ferred from this plan to another plan	(s), identify the plan	(s) to	
13c(1) Name of plan(s):				13c(2) EIN(s)	13c(3) PN(s)

Part VIII. Trust Information	n (optional)				
4a Name of trust				14b Trus	t's EIN
			· · · · · · · · · · · · · · · · · · ·		<u> </u>
eria Companya Companya					•
			•		