## 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>4</u>	and ending 12	2/31/2014	
A This retu	urn/report is for:	X a single-employer plan	of participating emplo	olan (not multiemployer) oyer information in acco	,	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter desc	cription)			
Part II		ormation—enter all requested in	nformation			
1a Name of KIDNEY & H		ECIALISTS OF NEW YORK PC 40	1K PLAN		<b>1b</b> Three-digit plan numbe (PN) ▶	r 001
					1c Effective da	
		nddress; include room or suite numbecialists of NEW YORK, PC	per (employer, if for a single	e-employer plan)		entification Number 5-2987890
130 E 77TH S	STREET, 5TH FLOC	DR				elephone number 2-439-9251
NEW YORK,	NY 10075					de (see instructions) 21111
3a Plan ac	dministrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrate	or's EIN
4 If the n	ame and/or EIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, <b>a</b> Sponso		umber from the last return/report.			4c PN	
<b>5a</b> Total n	number of participant	ts at the beginning of the plan year			. 5a	6
<b>b</b> Total n	umber of participan	ts at the end of the plan year			. 5b	6
		n account balances as of the end o			. 5c	6
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	olan year		5d(1)	6
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ear		5d(2)	6
		terminated employment during the		efits that were	5e	C
Under pena SB or Sche	lities of perjury and o	e or incomplete filing of this returble penalties set forth in the instru- and signed by an enrolled actuary, implete.	uctions, I declare that I have	e examined this return/re	eport, including, if ap	plicable, a Schedule
SIGN	Filed with authorized	d/valid electronic signature.	05/27/2015	MARIA DEVITA		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE		loyer/plan sponsor	Date		dual signing as emp	loyer or plan sponsor
Preparer's I	name (including firm	name, if applicable) and address (	include room or suite numb	er ) (optional)	Preparer's teleph	one number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indepe and condit	ndent qualified public accountations.)	nt (IC	PA)			X Yes	
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End c		
	Total plan assets	7a	14557	715				1569	365
	Total plan liabilities	7b	14557	715				15693	265
	Net plan assets (subtract line 7b from line 7a)	7c		10			(L) T		303
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	tai	
	(1) Employers	8a(1)	224	117					
	(2) Participants	8a(2)	377	727					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	726	518					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						132	762
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	43	328					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	147	784					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						19	112
	Net income (loss) (subtract line 8h from line 8c)	8i						113	650
j	Transfers to (from) the plan (see instructions)	8j							
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension								
b		eature coc	des from the List of Plan Chara	cterist			ı		
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tiono withi	in the time period described in	l	Yes	No	4	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X			
	on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X			
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 as	s of year	end.)	10g		X			
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)							Yes	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ri Year	uling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

#### Authorization to Electronically Sign and File 5500

### Kidney & Hypertension Specialists of New York, PC 401(k) Profit Sharing Plan

I hereby authorize any employee of <u>Qualified Plan Administrators</u>, <u>Inc</u>. ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 2014.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 3/2/2015 By: Man Della M

#### Steps to complete this authorization:

- 1. Sign this authorization form authorizing QPA to sign on your behalf.
- 2. Physically sign the Form 5500. Keep one copy for your records, and make a copy to send with your authorization form.
- 3. Forward both forms via mail or fax to:

Qualified Plan Administrators, Inc.

P.O. Box 1171

Augusta, GA 30903

Fax: (706) 722-1208

Note: There will be a \$100.00 administrative charge for filing the Form 5500.

## 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Be	nefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instru	ictions to the Form 55	00-SF.		
Part I	Annual Report	Identification Information				754 /501	A
For calenda	r plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending		2/31/201	***
A This ret	urn/report is for:	X a single-employer plan     □	of participating employ	an (not multiemployer) ( er information in accord			
		a one-participant plan	a foreign plan			•	
<b>B</b> This retu	rn/report is	the first return/report	the final return/report			•	
	-	an amended return/report	a short plan year return	/report (less than 12 mo			
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ption)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				-
1a Name			-		1	ree-digit	
KIDNEY	& HYPERTENSIC	ON SPECIALISTS OF NEW	YORK PC 401K PL	AN		an number 'N) ▶	001
	•					fective date o 1/01/200	
2a Plan sp	onsor's name and ad & HYPERTENSIO	dress; include room or suite numbe ON SPECIALISTS OF NEW	er (employer, if for a single- YORK, PC	employer plan)	1	nployer ident IN) 75-29	ification Number 87890
					1	ponsor'š telej L2-439-9	phone number
130 E.	77TH STREET, !	JIII PHOOK		ÿ	<b>2d</b> Bu	ısiness code	(see instructions)
NEW YOR		NY 10075			·	21111 dministrator's	EIN .
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.		JD A	illinistrator s	LIIV
					3c A	dministrator's	telephone number
Å tru		e plan sponsor has changed since	the last return/report filed for	r this plan enter the	4b E	INI	
name,	, EIN, and the plan nu	mber from the last return/report.	the tast returninebort med to	a and plan, enter the	4c P		
	or's name	at the beginning of the plan year			<del> </del>		. 6
		at the end of the plan year			5b		6
		account balances as of the end of		,	5c		A STATE OF THE STA
comple	ete this item)				·		6
• •		rticipants at the beginning of the pl			5d(1)		
		rticipants at the end of the plan yea erminated employment during the p			5d(2)	) <u> </u>	6
less th	an 100% vested	***************************************			5e		0
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	ınless reasonable cau	ıse is es	tablished.	
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and com	her penalties set forth in the instruction of the i	tions, I declare that I have on the second section of the section	examined this return/report	port, incit i, and to	the best of m	y knowledge and
SIGN	mans	2 WINDY	2/2/15	Maria DeVita			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signir	ng às plan ad	ministrator
SIGN							
HERE	Signature of emplo	vorfalan enancar	Date	Enter name of individ	ual signir	ng as employ	er or plan sponsor
Preparer's	name (including firm r	yerpian sponsor					number (optional)
		rame, ir applicable) and address (in					o manibol (optional)
		name, it applicable) and address (in					S Hambor (optionary
		name, ir applicable) and address (iii			:		· (optional)
		ame, ir applicable) and address (iii			:		Training (Optionary

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

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit iot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ d use	PA)  Form	5500.		[	Yes X Yes		No No
	t III   Financial Information				1		<u> </u>				
<del></del>	Plan Assets and Liabilities		(a) Beginning of Yea		1		(b) En	d of '	/ear		
				<u>.</u> 5571	5		(0) E11	u 01		569	365
	Total plan assets	7a	4.1-	,,,,	-						
	Total plan liabilities	. 7b	1 / 1	5571			<del></del>		1	560	365
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,	1					307	303
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1938		(a)	Tota	I Vogens		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	2	2241	7						
	(2) Participants	8a(2)		3772	7						
		8a(3)			200						
	(3) Others (including rollovers)	8b		7261	8						
	Other income (loss)					***************************************		133-411-01	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	132	762
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	. 8c		411-40-0-					SEAVES.	1,72.	.02
	to provide benefits)	. 8d		432	8						
-	Certain deemed and/or corrective distributions (see instructions)	. 8e			(12.5)						
	Administrative service providers (salaries, fees, commissions)			1478	4						
	Other expenses	. 8g								30.54	
	Total expenses (add lines 8d, 8e, 8f, and 8g)				X)					1.9	112
											650
	Net income (loss) (subtract line 8h from line 8c)										
	t IV Plan Characteristics	· 8j			Mach	geneer in	e Paragon A	VAN 15	UNITED IN	e William	Alexander (Section 1984)
b	2J 2G 2E  If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in t	he instru	ction	s:		
Par							T				
10	During the plan year:			i	Yes	No		Aı	nount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid- Were there any nonexempt transactions with any party-in-interes	uciary Cor	rection Program)	10a		Х					
D	on line 10a.)		molduc transactions reported	10b		Х					
				10c	Х					150	000
d		fidelity bo	nd, that was caused by fraud	10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	her persor I of the ber	s by an insurance carrier, nefits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If '	Yes," see instructions and com	plete	Sched	lule SI	3 (Form	.,,	Ye	s 🗌	No
11a	Enter the unpaid minimum required contribution for current year f				t	11a					
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Ye	sХ	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	able.)				<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is bei	ing amortiz	zed in this plan year, see instru	ctions ith	, and o	enter ti Day			letter r ear	uling	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	.,,	12b	<u></u>		
		_	40	T		
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year		12c	ļ		
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?			Yes 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 of the PBGC?	the o	control		Ye	s 🗓 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) t	to			
1	3c(1) Name of plan(s):	1:	3c(2) E	lN(s)	13c(	3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust		14b ⊤	rust's EIN		