Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	OMB Nos. 1210-01 1210-00			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2014			
Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					Internal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
		dentification Information	1	and anding 10/	24/2044				
For calendar		cal plan year beginning 01/01/2014			31/2014	king this hav must attach a	liet		
	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions) B This return/report is the first return/report a foreign plan B This return/report is the first return/report a short plan year return/report								
C Chaok ha	x if filing under:	Form 5558	automatic extension		Пр	FVC program			
	x if filing under:	special extension (enter descript							
		mation—enter all requested inform	mation						
1a Name of NEPHROLOG	•	N ASSOCIATES PC PROFIT SHAR	ING 401(K) PLAN		1b Thre plan (PN)	number			
						ctive date of plan 01/01/2011			
	nsor's name and add (& HYPERTENSION	ress; include room or suite number	(employer, if for a single	-employer plan)	2b Emp (EIN	loyer Identification Number) 20-3543470			
	PLACE M104 SOUT				2c Sponsor's telephone number 516-487-7600				
BRONX, NY 10		TLOBBT			2d Busi	Business code (see instructions)			
3a Plan adn	ninistrator's name and	d address XSame as Plan Sponsor			3b Adm	621111 3b Administrator's EIN			
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN	inistrator's telephone numbe			
a Sponsor					4c PN				
		at the beginning of the plan year			5a		5		
		at the end of the plan year			5b		5		
complete	e this item)	ccount balances as of the end of the			5c		5		
		icipants at the beginning of the plan	-		5d(1)		5		
		ticipants at the end of the plan year.			5d(2)		5		
		minated employment during the plan			5e		0		
Under penalt SB or Schede	ies of perjury and oth	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as v lete.	ons, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule			
	iled with authorized/v	alid electronic signature.							
HERE	Signature of plan administrator Date Enter name of individu					dual signing as plan administrator			
SIGN HERE									
Date Enter name of individ Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Optional)						as employer or plan sponso s telephone number (optiona			
rieparers na									

	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 a	an indepei	ndent qualified public accounta	nt (IC	(PA			
	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.							
c	If the plan is a defined benefit plan, is it covered under the PBGC in							
	t III Financial Information			21).		100		
<u> </u>								
7		lan Assets and Liabilities (a) Beginning of Ye otal plan assets					(b) End of Year 995899	
<u> </u>	Total plan assets	0			0			
	Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c						995899	
	Net plan assets (subtract line 7b from line 7a) 7c 8728 Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total	
	Contributions received or receivable from:							
	(1) Employers	8a(1)	198	325				
	(2) Participants	8a(2)	480)73				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	552	97				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					123195	
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	1	50				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					150	
i	Net income (loss) (subtract line 8h from line 8c)	8i					123045	
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	acteri	stic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	aature cod	es from the List of Plan Chara	torict	tic Cor	las in t	he instructions:	
~				5101131		103 111		
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		x		
с	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,					
	instructions.)			10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						27050	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					×		
i	If 10h was answered "Yes," 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							
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					302 of	ERISA? Yes X No	
-	(If "Yes " complete line 12a or lines 12b 12c 12d and 12e below							

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If 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		
C 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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Quaranty Corporation Pension Benefit Quaranty Corporation 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).	Inis Form is Open to Put					
Employee Benefits Security Administration the Internal Revenue Code (the Code).	Inis Form is Open to Put					
Pension Benefit Guaranty Corporation	inspection					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part Annual Report Identification Information						
	12/31/2014					
Image: Sector of the sector	s checking this box must attach a e with the form instructions)					
B This return/report is:						
an amended return/report a short plan year return/report (less than 12 month	s)					
C Check box if filing under:	DFVC program					
special extension (enter description)						
Part II Basic Plan Information enter all requested information						
	Three-digit					
Nephrology & Hypertension Associates PC Profit Sharing 401(k) Plan	plan number (PN) ► 003					
	Effective date of plan 01/01/2011					
	Employer Identification Number					
Nephrology & Hypertension Associates PC	(EIN) 20-3543470					
1200 Waters Place M104 South Lobby	2c Sponsor's telephone number (516) 487-7600					
a a breach an	Business code (see instruction 621111					
US Bronx NY 10461 3a Plan administrator's name and address X Same as Plan Sponsor Name 3	Administrator's EIN					
	 Market Constraints, Market Constraints, 2010. 					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report.	D EIN					
	: PN					
5a Total number of participants at the beginning of the plan year	ja 5					
	5 5					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	ic 5					
	i(1) 5					
	i(2) 5					
d(2) Total number of active participants at the end of the plan year	<u> </u>					
e less than 100% vested	5e0					
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. SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, an belief, it is true, correct, and complete.	including, if applicable, a Sched					
Gicil Gill Frei						
HERE Signature of plan administrator Date / 5/15 Enter name of individual sig	ning as plan administrator					
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual sig	ning as employer or plan sponso					
	parer's telephone number (option					

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

ia v	Vere all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)					x Y	es 🛄 No
4.8.8	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							•	
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ns.)					ΧY	es 🗌 No
	the plan is a defined benefit plan, is it covered under the PBGC in				-	_	<u>□</u> N	0 🗌 No	ot determine
Parl	Financial Information				1		<u> </u>		
. P	lan Assets and Liabilities		(a) Beginning of Year	•			(b) Enc	l of Year	
I T	otal plan assets	7a	872,85					99	95,899
• • •	otal plan liabilities	7b		0					0
	let plan assets (subtract line 7b from line 7a)	7c	872,85	54			(h)		95,899
·	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(a)	Total	
	I) Employers	8a(1)	19,82	25			overen en		
(2	2) Participants	8a(2)	48,07	73					
(3	3) Others (including rollovers)	8a(3)		0					
	other income (loss)	- 8b	55,29	97					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1;	23,195
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0					
¥ 1	ertain deemed and/or corrective distributions (see instructions)	8e		0		18 19 19			
	dministrative service providers (salaries, fees, commissions)	8f	15	50					
	Other expenses	8g		0	6	19 0			
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							150
	let income (loss) (subtract line 8h from line 8c)	8i						1:	23,045
ा	ransfers to (from) the plan (see instructions)	8j		0					
Parl a If	Plan Characteristics the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature	eature code	····	teristi					
Parl a If b If	the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 3D	eature code	····	teristi	Codes	s in the		tions:	
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lf			nd 10 of Schedule MB (Fo		ne 13.		
<u>la</u> rb			s plan year			12b	<u> </u>
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<u> </u>	Enter the amount contr	ributed by the employer to	o the plan for this plan yea	*******************************	******	120	
d			nt in line 12b. Enter the rest			12d	
e			ine 12d be met by the fund			🗋 Yes	□ No □ N/A
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13a			opted in any plan year?			Yes X] No
			at reverted to the employer			13a	· · · · · · · · · · · · · · · · · · ·
b	Were all the plan asset	ts distributed to participal	nts or beneficiaries, transfe	rred to another plan, or b	prought under the		Yes X No
c	If during this plan year,		were transferred from this p				
	I3c(1) Name of plan(s):				13	c(2) EIN(s)	13c(3) PN(s)
Pari		mation (optional)		······································	1		
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