_	rm 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Employee Benefits Security Administration Revenue Code (the Code).				057(b) and 6058(a) of the	e Internal This Form is Open		
	Benefit Guaranty Corporation	 Complete all entries in a 	,	Public Inspection			
Part I		Identification Information					
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018	land the base and a track of	
A This re	eturn/report is for:	 X a single-employer plan ☐ a one-participant plan 				king this box must attach a ith the form instructions.)	
B This ret	turn/report is	the first return/report Image: the final return/report an amended return/report Image: the final return/report (less than 12 months)					
C Check	box if filing under:	An amended return/report	a short plan year retu		DFVC p	rogram	
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested int	formation		ľ		
1a Name	e of plan DGY, P.L.L.C. PROFIT	SHARING PLAN			1b Three plan (PN)	number	
					()	tive date of plan 01/01/2014	
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		otructions)	2b Empl (EIN)	oyer Identification Number 13-4191275	
	OGY, P.L.L.C.	e, country, and zir or foreign post	ar code (il foreign, see ins			nsor's telephone number 914-376-3330	
9A CENTRA YONKERS,	AL PARK AVENUE NY 10705				2d Busir	ness code (see instructions) 621111	
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN	
					3c Admi	nistrator's telephone number	
		e plan sponsor or the plan name hansor's name, EIN, the plan name a	0	•	4b EIN		
•	sor's name				4d PN		
5a Total	number of participants	at the beginning of the plan year			5a	4	
		at the end of the plan year			5b	0	
		account balances as of the end of			5c	0	
d(1) Tot	tal number of active par	rticipants at the beginning of the pl	an year		5d(1)	3	
• •		rticipants at the end of the plan year			5d(2)	0	
than	100% vested	terminated employment during the			5e	0	
Under pen SB or Sch	alties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruc- nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule	
SIGN		valid electronic signature.	10/15/2019	MANASH K. DASGUF	ΡΤΑ		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator	
SIGN							
HERE	Signature of emplo		Date	Enter name of individ	ual signing	as employer or plan sponsor	
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	у-ог.			Form 5500-SF (2018) v.171027	

6a b c	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 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 If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo Isurance p	ndent qualified public accountant (tions.) rm 5500-SF and must instead u program (see ERISA section 4021)	(IQPA) Yes ☐ No se Form 5500.)? ☐ Yes ☐ No ☐ Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	215267	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	215267	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	7047	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7047

b	Other income (loss)	8b	7047	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7047
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	222314	
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		222314
i	Net income (loss) (subtract line 8h from line 8c)	8i		-215267
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt 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 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	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.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	х		
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	10i	x		

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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es 🔉	< No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🔉	< No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	'A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	es 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

	Ob and Earner Annua	Determ (Dement	of One all Englands		OMB Nos. 1210-0110	
Form 5500-SF	Short Form Annu	Benefit Plan	of Small Employee		1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be fil		065 of the Employee Retireme	ent	2018	
Department of Labor Employee Benefits Security Administration				This Form is O		
Pension Benefit Guaranty Corporation	Complete all entries in	Complete all entries in accordance with the instructions to the Form			lic Inspection	
Part I Annual Repo	rt Identification Information					
	r fiscal plan year beginning 01/01/20		and ending 12/31/2018	3		
A This return/report is for:	X a single-employer plan		n (not multiemployer) (Filers of ployer information in accordar			
	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	x the final return/report				
	an amended return/report	8	/report (less than 12 months)			
		_				
C Check box if filing under:	X Form 5558	automatic extension	DF	VC program		
	special extension (enter des	cription)				
Part II Basic Plan In	formation-enter all requested i	nformation				
1a Name of plan			1b	Three-digit		
NEPHROLOGY, P.L.L.C. PROF	FIT SHARING PLAN			plan number	004	
				(PN)	-f also	
			10	Effective date	of plan	
	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.			Employer Iden (EIN) 13-4191	tification Number	
City or town, state or provi	ince, country, and ZIP or foreign pos		uctions)		phone number	
NEPHROLOGY, P.L.L.C.				(914)	376-3330	
			2d	Business code	(see instructions)	
A OFNITRAL RADIZ AVENULE						
9A CENTRAL PARK AVENUE				621111		
				621111		
YONKERS, NY 10705	and address 🛛 Same as Plan Sp	onsor.		621111 Administrator's	EIN	
YONKERS, NY 10705	and address 🗙 Same as Plan Sp	onsor.	3b	Administrator's		
YONKERS, NY 10705	e and address 🛛 Same as Plan Sp	onsor.	3b	Administrator's		
YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last re	3b 3c turn/report filed for 4b	Administrator's		
YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s		has changed since the last re	turn/report filed for 4b	Administrator's Administrator's EIN		
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name 	the plan sponsor or the plan name	has changed since the last re	turn/report filed for e last return/report. 4d	Administrator's Administrator's EIN		
YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s	the plan sponsor or the plan name	has changed since the last re	turn/report filed for 4b	Administrator's Administrator's EIN		
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	turn/report filed for e last return/report. 4d	Administrator's Administrator's EIN PN		
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participation 	the plan sponsor or the plan name sponsor's name, EIN, the plan name nts at the beginning of the plan year	has changed since the last re and the plan number from th	turn/report filed for e last return/report. 4d	Administrator's Administrator's EIN PN	s telephone number	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with the plan s c Number of participants with the plan s 	the plan sponsor or the plan name sponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year ith account balances as of the end of	has changed since the last re and the plan number from th	turn/report filed for e last return/report. 4d 51 contribution plans	Administrator's Administrator's EIN PN a b	s telephone number	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item) 	the plan sponsor or the plan name sponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year	has changed since the last re and the plan number from th	turn/report filed for e last return/report. 4d 5i contribution plans	Administrator's Administrator's EIN PN a b c	s telephone number 4 0	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants wid complete this item)	the plan sponsor or the plan name sponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the	has changed since the last re and the plan number from th 	turn/report filed for e last return/report. 4d 5d contribution plans 5d	Administrator's Administrator's EIN PN a b c (1)	telephone number	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants wid complete this item)	the plan sponsor or the plan name sponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year ith account balances as of the end of	has changed since the last re e and the plan number from th r of the plan year (only defined plan year	turn/report filed for e last return/report. 4d 5i contribution plans 5d 5d 5d	Administrator's Administrator's EIN PN a b c c (1) (2)	telephone number	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants win complete this item)	the plan sponsor or the plan name sponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during t	has changed since the last re and the plan number from th for the plan year (only defined plan year the plan year with accrued be	turn/report filed for e last return/report. 4d 5d contribution plans 5d 5d 5d 5d 5d 5d	Administrator's Administrator's EIN PN a b c (1) (2) e	s telephone number 4 0 0 3	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	the plan sponsor or the plan name sponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during t its or incomplete filing of this retu- d other penalties set forth in the instr d and signed by an enrolled actuary	has changed since the last re and the plan number from th of the plan year (only defined plan year	turn/report filed for e last return/report. 4d 5i contribution plans 5d 5d 5d 5d 5d 5d 5d 5d 5d 5d 5d	Administrator's Administrator's EIN PN a b c c (1) (2) e e established. ncluding, if app	telephone number 4 0 0 3 0 0 1 icable, a Schedule	
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 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants with an 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete the belief, it is true, correct, and complete the set of the set	the plan sponsor or the plan name sponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this return to the penalties set forth in the instr d and signed by an enrolled actuary omplete.	has changed since the last re and the plan number from the of the plan year (only defined plan year	3b 3c 4d 4d 5d 5d	Administrator's Administrator's EIN PN a b c (1) (2) e established. Including, if app to the best of r	e telephone number 4 0 0 3 0 0 1 1 1 1 2 2 0 0 0 1 1 1 2 2 1 2 1 1 1 1	
 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	the plan sponsor or the plan name sponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this return to the penalties set forth in the instr d and signed by an enrolled actuary omplete.	has changed since the last re and the plan number from the of the plan year (only defined plan year rear the plan year with accrued be arn/report will be assessed ructions, I declare that I have , as well as the electronic ver	3b 3c 4d 4d 5c 5c	Administrator's Administrator's EIN PN a b c (1) (2) e established. Including, if app to the best of r	e telephone number 4 0 0 3 0 0 1 1 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1	
 YONKERS, NY 10705 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants with an 100% vested Caution: A penalty for the la Under penalties of perjury and CB or Schedule MB complete belief, it is true, coffect, and construct of plan SIGN HERE 	the plan sponsor or the plan name sponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this return to the penalties set forth in the instr d and signed by an enrolled actuary omplete.	has changed since the last re and the plan number from the of the plan year (only defined plan year rear the plan year with accrued be arn/report will be assessed ructions, I declare that I have , as well as the electronic ver	3b 3c 4d 4d 5d 5d	Administrator's Administrator's EIN PN a b c (1) (2) e established. ncluding, if app to the best of r	telephone number	

P	а	q	e	2

b A u	Vere all of the plan's assets during the plan year invested in eligiblare you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cannot	an independ and conditio	lent qualified public accountant (IQPA ns.)) X Yes 🗌 No
C If	the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)?	. Yes No Not determined
	"Yes" is checked, enter the My PAA confirmation number from the			
		or boo pro	international and plan year	. (666 mondedener)
Part	III Financial Information			
7 P	lan Assets and Liabilities	1.1	(a) Beginning of Year	(b) End of Year
ат	otal plan assets	7a	215267	0
-	otal plan liabilities	7b	0	0
CN	let plan assets (subtract line 7b from line 7a)	7c	215267	0
8 li	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	0	
(:	2) Participants	8a(2)	0	
	3) Others (including rollovers)	8a(3)	0	
	Other income (loss)	8b	7047	
C T	atal income (add lines 2a/1) 2a/2) and 2h)	0.0		7047

D 01	her income (loss)	8b	/04/	
c To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7047
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	222314	
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e	0	
f Ad	dministrative service providers (salaries, fees, commissions)	8f	0	
g Ot	ther expenses	8g	0	
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		222314
i Ne	et income (loss) (subtract line 8h from line 8c)	8i		-215267
j Tr	ansfers to (from) the plan (see instructions)	8i	0	

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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:	Yes	No	Amount	
a	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)	10a		×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c	x		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		×	
e	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.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x		
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	10i	x		

Form 5500-SF (2018)

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Part	VI Pension Funding Compliance		_			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)				Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ERISA?		on 302 of		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				_	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter Da		of the le		ng
lf	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 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?		X Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			_	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to				
13c(1) Name of plan(s): 13c(2)) EIN(s)		130	13c(3) PN(s)	