#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN plan number 001 (PN) 1c Effective 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 Identification Number DOWNTOWN RENAL MEDICINE, PC. 20-2897084 (EIN) Sponsor's telephone number 212-334-8108 41 ELIZABETH STREET, SUITE 302 NEW YORK, NY 10013 Business code (see instructions) 621111 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 5<sub>b</sub> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 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 established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 09/30/2013 DANG D. NGUYEN, M.D. SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Form 5500-SF 2012 Page **2** 

Par	t III Financial Information						
<b>-</b>	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
	Total plan assets	7a	27217				264914
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	27217	70			264914
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
_	Contributions received or receivable from:		(1)				.,
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	-725	6	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-7256
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					-7256
	Transfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in tl	he 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 contribut 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		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service or other organization that provides some or all cinstructions.)	of the bene	fits 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 e	nd.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h			
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					`
11a	Enter the amount from Schedule SB line 39			<u></u>		11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection 3	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 being ranting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	e MB (For	m 5500), and skip to line 13.			12b	

	Form 5500-SF 2012 Page <b>3</b> - 1			
			1	
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		
<u>e</u>	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 the of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2012 or fiscal plan year beginning

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

and ending

12/31/2012

01/01/2012

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

Postulon: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.   A Name of plan   DANG D. NGLYEN, MD. DEFINED BENEFIT PLAN			off amounts to nearest		-£4b:			in antablish	a al		
E Type of plan: Single   Multiple-N   Multiple-B   F Prior year plan size: N 100 or fewer   101-500   More than 500    Part 1 Basic Information  1 Enter the valuation date: Month 01 Day 01 Year 2012    2 Assets:	A١	lame of	plan	<u> </u>	or this report (	uniess reas	onable ca	B Three-dig	git	<b>&gt;</b>	001
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 01 Day 01 Year 2012  2 Assets:											
Part I   Basic Information   1   Enter the valuation date:   Month   01   Day   01   Year   2012					500-SF			' ', '	Identification	Number (	EIN)
1 Enter the valuation date: Month 01 Day 01 Year 2012 2 Assets: 2 2a 272170 b Actuarial value 2b 2b 272170 b Actuarial value 3C 2b 272170 3 Funding target/participant count breakdown: (1) Number of participants (2) Funding Target a For retired participants and beneficiaries receiving payment 3a 0 0 0 b For terminated vested participants and beneficiaries receiving payment 3b 0 0 0 0 c For active participants: 3c (1) 0 0 0 c For active participants: 3c(1) 0 0 0 c For active participants: 3c(2) 222954 d Total active 3c(3) 3 222954 d Total 3 3d 3 222954 d I the plan is in at-risk status, check the box and complete lines (a) and (b) 3d 3 222954 d I the plan is in at-risk status, check the box and complete lines (a) and (b) 3d 3 222954 d I the plan is in at-risk status (brewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status (brewer than five consecutive years and disregarding loading factor 4b 5 6 0 0 Statement by Enrolled Actuary To be test of my provided, the her information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption schedule and accompanying schedules, statements and attachments, if any, is complete and accurate Each prescribed assumption vas applied in contributation. Other my best estimate of anticipated experience under the plan.  SIGN HERE Signature of actuary Date  Signature of actuary Date  Address of the firm  If the actuary has not fullly reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Ет	ype of pl	lan: X Single Mu	Itiple-A Multiple-B	F	Prior year pla	an size:	100 or fewer	101-500	More t	han 500
2 Assets: a Market value	Pa	rt I	Basic Information	 1			_			_	
a Market value					Day01	Year _	2012	_			
b Actuarial value	2	Assets	S:		·						
3 Funding target/participant count breakdown:  a For retired participants and beneficiaries receiving payment.  3 For retired participants.  3 For retired participants and beneficiaries receiving payment.  3 For retired participants.  4 For active participants.  5 For active participants.  4 For active participants.  4 For plan in the participants.  5 For plan in the particip		<b>a</b> Mark	ket value						2a		272170
a For retired participants and beneficiaries receiving payment		<b>b</b> Actu	arial value						2b		272170
b For terminated vested participants:  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  (3) Total active.  (3) Total active.  (4) Total.  (5) Total active.  (6) Total.  (7) Vested benefits.  (8) Total active.  (9) Total active.  (10) Total active.  (11) Total.  (12) Vested benefits.  (13) Total active.  (14) Total.  (15) Total active.  (15) Total active.  (16) Total.  (17) Total active.  (18) Total active.  (19) Total.  (19) Total.  (10) Total.  (11) Total.  (12) Total.  (13) Total active.  (14) Total.  (15) Total.  (16) Total.  (17) Total.  (18) Total.  (19) Total.  (10) Total.	3	Fundir	ng target/participant cou	nt breakdown:			(1) N	lumber of partici	pants	(2)	Funding Target
C For active participants:  (1) Non-vested benefits		<b>a</b> For i	retired participants and I	beneficiaries receiving paym	ent	. 3a			0		0
(1) Non-vested benefits 3c(1) (2) Vested benefits 3c(2) (3) Total active 3c(3) (3) Total active 3c(3) (4) Total active 3c(3) (5) Total active 3c(3) (6) Total active 3c(3) (7) Total active 3c(3) (8) Total active 3c(3) (9) Total active 3c(3) (1) Total active 3c(3) (1) Total active 3c(3) (1) Total active 3c(3) (2) Vested benefits 3c(3) (3) Total active 3c(3) (4) Total active 4ctive 4ctiv		<b>b</b> For	terminated vested partic	cipants		. 3b			0		0
(2) Vested benefits 3c(2) 222954 (3) Total active 3c(3) 3 222954 d Total 3d 3 222954 d Total 3d 3 3 222954 d If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a Funding target disregarding prescribed at-risk assumptions. 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b b Target normal cost. 5 6 6.93 % 6 Target normal cost. 6 0 0 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE Signature of actuary Date 11-05097 Type or print name of actuary Most recent enrollment number ELIM CONSULTING GROUP Firm name Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		<b>C</b> For a	active participants:								
3   Total active   3c(3)   3   222954		(1	<ol> <li>Non-vested benefits</li> </ol>								0
d Total		(2	2) Vested benefits			3c(2)					222954
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		(3	3) Total active						3		222954
a Funding target disregarding prescribed at-risk assumptions.  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate.  5 6 6.93 % 6 Target normal cost.  6 0  Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Signature of actuary  VIRGILIO C. TY, FSA, MAAA, EA  11-05097  Type or print name of actuary  Most recent enrollment number  ELIM CONSULTING GROUP  718-888-1988  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		<b>d</b> Tota	al			. 3d			3		222954
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4	If the p	olan is in at-risk status, o	check the box and complete I	ines (a) and (	(b)					
at-risk status for fewer than five consecutive years and disregarding loading factor		<b>a</b> Fund	ding target disregarding	prescribed at-risk assumption	ons				4a		
6 Target normal cost									4b		
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  Signa    Signature of actuary	5	Effectiv	ve interest rate						5		6.93 %
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.    SIGN	6	Target	normal cost						6		0
Signature of actuary  Date  VIRGILIO C. TY, FSA, MAAA, EA  Type or print name of actuary  Most recent enrollment number  ELIM CONSULTING GROUP  Tyme name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	1 6	To the best accordance combination	t of my knowledge, the information of my knowledge, the information with applicable law and regulated	tions. In my opinion, each other assur	mpanying schedul nption is reasonab	les, statements ble (taking into a	and attachm ccount the e	nents, if any, is compl experience of the plan	ete and accurate. and reasonable	Each prescri expectations)	bed assumption was applied in and such other assumptions, in
Type or print name of actuary  Most recent enrollment number  ELIM CONSULTING GROUP  718-888-1988  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see										09/26/2	013
Type or print name of actuary  Most recent enrollment number  718-888-1988  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				Signature of actuary				<u>-</u>		Date	
Firm name  Telephone number (including area code)  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	VIRO	SILIO C.	TY, FSA, MAAA, EA					<u></u>		11-050	97
Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			Ту	pe or print name of actuary					Most rece	nt enrollm	ent number
133-25 37TH AVE., SUITE 105 FLUSHING, NY 11354  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	ELIN	1 CONS	ULTING GROUP							718-88	8-1988
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				Firm name				Т	elephone nur	nber (inclu	ding area code)
				Address of the firm				_			
	If the	actuary	has not fully reflected a	ny regulation or ruling promu	ulgated under	the statute	in comple	eting this schedu	ule, check the	box and	see

Page	2	_

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Baland	es							
	•						(a) (	Carryover balance		(b)	Prefundi	ng balan	се
7		_	•		cable adjustments (line 13 fi				13202				
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)												
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					9057				0
10	Interes	t on line 9	using prior year's	actual ret	turn of17.17%				1555				0
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
	<b>a</b> Pres	ent value	of excess contribu	utions (line	38a from prior year)								0
					interest rate of5.84%								0
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce							0
	<b>d</b> Porti	on of (c)	to be added to pre	efunding ba	alance								
12	Other r	eductions	s in balances due	to election	s or deemed elections								
13	Balanc	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)	)			10612				0
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	ttainment percent	age							14	117	7.31 %
15	15 Adjusted funding target attainment percentage								15	122	2.07 %		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									7.60 %			
17	If the c	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	funding targ	jet, enter s	such percentage			17		%
P	Part IV Contributions and Liquidity Shortfalls												
18	Contrib	utions m	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
(N	(a) Da <sup>.</sup> 1M-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-)		<b>(b)</b> Amount pa employer(		(		nt paid b oyees	у
						Totals ►	18(b)		0	18(c)			0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation d	ate after th	ne beginning of the					
	_				imum required contributions				19a				0
	<b>b</b> Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b				0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date												
20													
		•	-		the prior year?						<u> </u>	Yes	No
					y installments for the current	-	n a timely	manner?			<u>&gt;</u>	Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a		af 4la!!						
		(1) 19	st		Liquidity shortfall as of eaction (2) 2nd	na or quarter	of this pla	n year 3rd			(4) 4tl	)	
	(1) 15t (2) 21ld (3) 31d (4) 4III												

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	ınt rate:									
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yield	d curve	used		
	<b>b</b> App	licable month (	enter code)			21b			0		
22	Weigh	ted average ret	tirement age			22			63		
23											
Pa	rt VI	Miscellane	ous Items	_		<del></del>					
				tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding required	t t			
		•	·				· · · -	Yes	X No		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No		
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment.		Yes	X No		
27				ter applicable code and see instruc	ctions regarding	27					
_											
	rt VII			um Required Contribution							
28				years		28			0		
29				d unpaid minimum required contrib		29			0		
30	Remai	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29).		30			0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Targe		nd excess assets (see instruct								
	<b>a</b> Targ	et normal cost	(line 6)	·······		31a			0		
	_			line 31a		31b			0		
32		zation installme	<u> </u>		Outstanding Bala	ance	Installn	nent			
	a Net	shortfall amorti	zation installment			0			0		
	<b>b</b> Wai	ver amortizatio	n installment								
33	If a wa	iver has been a	approved for this plan year, en	ter the date of the ruling letter grading.  ) and the waived amount	nting the approval	33					
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34			0		
		3 - 1		Carryover balance	Prefunding bala	nce	Total ba	lance			
35	Raland	res elected for	use to offset funding	•	9 373			_			
00									0		
36	Additio	onal cash requi	rement (line 34 minus line 35)		1	36			0		
37			•	ontribution for current year adjuste		37			0		
38	•		ess contributions for current ye			Į.					
						38a			0		
				prefunding and funding standard o		38b					
39				ear (excess, if any, of line 36 over		39			0		
			·	S	*	40			0		
	rt IX			Pension Relief Act of 2010		1					
			de to use PRA 2010 funding re		<u> </u>	•					
						П	2 plus 7 years	15 y	ears		
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made					2011		
42			*			42					
			celeration amount to be carrie			43					

#### DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

		For Fu Min	<u>inding</u> <u>Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates Seg 1 5.54% 1.			1.98%	Seg 1 2.07%	Pre-Retirement 5.00%		
	Seg 2	6.85%	5.07%	Seg 2 4.45%	Post-Retirement 5.00%		
	Seg 3	7.52%	6.19%	Seg 3 5.24%			
Pre-Retirement							
Turnover	None			None	None		
Mortality	None			None	None		
Assumed Ret Age	Attainr	retirement ment of A of partic	Age 62		Early retirement age Attainment of Age 62 5 years of participation		
Post-Retirement							
Mortality	combir project Female RP200 healthy	nodified ned healt ed 27 & e-modifie 0 combin female ed 27 &	19 yrs ed ned	2012 Applicable Mortality Table from Rev Rul 2006-67	2012 Applicable Mortality Table from Rev Rul 2006-67		
Assumed Benefit Form F	or Fund	ding	Normal Form				
Calculated Effective Inte	erest Ra	te		6.93%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

	File as an	attachme	nt to Form 550	0 or 5500-SF.						
For calendar plan year 2012 or fisca	I plan year beginning 01/0	01/2012		and endin	g <u>12/31/2</u>	012	<u>-</u>			
	Round off amounts to nearest dollar.									
Caution: A penalty of \$1,000 wil	l be assessed for late filing of t	his report	unless reasonab	le cause is establishe	d					
A Name of plan Dang D. Nguyen, MD. Defined Bene	efit Pl <b>an</b>			B Three-digi		•	001			
C Plan sponsor's name as shown o	n line 2a of Form 5500 or 5500	-SF		D Employer lo	lentification	Number (EIN)				
Downtown Renal Medicine, PC.				20-2897084		_				
E Type of plan: X Single Mult	tiple-A Multiple-B	F	Prior year plan si	ze: X 100 or fewer	101-500	More than	500			
Part I Basic Information	1									
1 Enter the valuation date:	Month 01 Da	y <u>01</u>	Year 2012	2						
2 Assets:			-	· <u> </u>						
a Market value				***************************************	2a		272170			
<b>b</b> Actuarial value		*************			2b		272170			
3 Funding larget/participant cour	nt breakdown:			(1) Number of particip	ants	(2) Fund	ling Targel			
a For retired participants and b		L.,	. 3a		0		0			
<b>b</b> For terminated vested partic	ipants	ü	. 3b		0		0			
C For active participants:										
(1) Non-vested benefits.			3c(1)				0			
(2) Vested benefits			3c(2)				222954			
(3) Total active			3c(3)		3		222954			
d Total		<u> </u>	. 3d		3		222954			
4 If the plan is in at-risk status, cl	heck the box and complete line	s (a) and	(b)							
a Funding target disregarding				_	. 4a					
<b>b</b> Funding target reflecting at-r	isk assumptions, but disregard in five consecutive years and d	ing transiti	ion rule for plans	that have been in	4b					
5 Effective interest rate				<del>`</del>	. 5		6.93 %			
6 Target normal cost		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6		0			
Statement by Enrolled Actuary		_								
To the best of my knowledge, the informatic accordance with applicable law and regulatic combination, offer my best estimate of antic	ons. In my opinion, each other assumption	nying schedu on is reasonal	les, statements and a ble (taking into accour	ttachments, if any, is complet to the experience of the plan a	e and accurate. Ind reasonable	Each prescribed a expectations) and a	ssumption was applied in uch other assumptions, in			
SIGN HERE	NW					09/26/2013				
	Signature of actuary	<del></del>				Date				
Vi	rgilio C. Ty. FSA, MAAA, EA					11-05097				
	pe or print name of actuary				Most rece	nt enrollment r	ıumber			
	Elim Consulting Group					(718) 888-1	988			
	Firm name			Tel	ephone nur	nber (including				
1	33-25 37th Ave., Suite 105						·			
	Flushing, NY 11354									
	Address of the firm									
If the actuary has not fully reflected at instructions	ny regulation or ruling promulga	ated under	the statute in o	ompleting this schedul	e, check the	box and see	U			

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

Page 2 - 🛚	1
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Pa	art II Begin	nning of Year Carry	over Prefunding Balanc	 es							
					(a) Ca	arryover balance		(b) F	refundi	ng balan	ce
7			pplicable adjustments (line 13 fro	. 1		13	202				
8			's funding requirement (line 35 f			4	145		_		
9											
10	Interest on line 9	9 using prior year's actual	return of17.17 %			1	555				0
11	Prior year's exc	ess contributions to be ad	ded to prefunding balance:								
	Present value of excess contributions (line 38a from prior year)										0
	b Interest on (a) using prior year's effective interest rate of										
	C Total available	at beginning of current pla	n year to add to prefunding baland	æ							0
	<b>d</b> Portion of (c)	to be added to prefunding	balance				:				
12	Other reduction	s in balances due lo elect	ions or deemed elections								
13	Balance at begi	nning <b>of current</b> yea <b>r (line</b>	9 + line 10 + line 11d - line 12)			10	312				0_
P	Part III Funding Percentages										
14	Funding larget a	attainment percentage						<u>ii</u>	14	117	.31 %
15	15 Adjusted funding target attainment percentage 15 122.07									.07 %	
16										.60 %	
17	If the current va	lue of the assets of the pl	an is less than 70 percent of the	funding targ	et, e <b>nte</b> r su	ch percentage			17		%
P	art IV Cor	tributions and Liqu	uidity Shortfalls		_						
			in year by employer(s) and empl	oyees:							
	(a) Date MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Da (MM-DD-\		(b) Amount paid employer(s)		(4	•	nt paid b oyees	у
									_		
				Totals ►	18(b)		0	18(c)			0
19	Discounted emp	oloyer contributions – see	instructions for small plan with a	valuation da	ale after the	e beginning of the	/ear:				
	a Contributions	allocated toward unpaid	minimum required contributions	from prior ye	ears		19a				0
	<b>b</b> Contributions	made to avoid restriction	s adjusted to valuation date				19b				0
	c Contributions	allocated toward minimum	required contribution for current ye	ear adjusted t	o valuation	date	19c				0
20	Quarterly contril	butions and liquidity short	falls:							,	
	a Did the plan i	nave a "funding shortfall"	for the prior year?				Ä	· · · · · · · · · · · · · · · · · · ·	<u>×</u>	Yes	No
	<b>b</b> If line 20a is "	Yes," were required quar	terly installments for the current	year made ii	n a ti <b>me</b> ly m	nanner?	and and		x	Yes	No
	C If line 20a is *	Yes," see instructions and	d complete the following lable as								
			Liquidity shortfall as of en	d of quarter	of this plan	vear					
				<u> </u>			T		/A\ 44L		
	(1) 1	st	(2) <b>2nd</b>	-		3rd			(4) 4th		_

Pa	rt V A	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discoun										
	a Segn	nent rates:	1st segment: 5.54%	2nd segment: 6.85 %	3rd segment: 7.52 %		□ N/A, ft	ıll yield c	urve use	ed	
	<b>b</b> Applie	cable <b>month</b> (	enter code)			21b				0	
22	Weighte	ed average <b>ret</b>	irement age		***************************************	22				63	
23	Mortality	y lable(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitut	e				
Pa	Part VI Miscellaneous Items										
_	Has a cl	hange been π	nade In the non-prescribed ac	tuarial assumptions for the current					∕es 📈	No	
25	Has a π	nethod change	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment	75	iii 🗎 Y	′es 🛛	No	
26	Is the pl	an required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		\	′es 🛛	No	
27				ter applicable code and see Instruc		27	•				
Pa	rt VII	Reconcilia	ation of Unpaid Minime	um Required Contribution	s For Prior Years						
28	Unpaid	<b>minimum</b> requ	uired contributions for all prior	years		28				0	
29				d unpaid minimum required contrib		29				0	
30	Remain	ing amount of	unpaid minimum required co	ntributions (line 28 minus line 29)	***************************************	30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year			_				
31	Target	normal cost a	nd excess assets (see instruc	tions):							
	<b>a</b> Target	t normal cost (	(line 6)		·····	31a				0	
	b Exces	s <b>s assets, if</b> ap	oplicable, but not greater than	line 31a	T	31b				0	
32	Amortiza	ation installme	enls:		Outstanding Bala	ance	j	nstallme	nl		
	a Net sh	hortfall amortiz	zation installment			0				0	
	<b>b</b> Waive	er amortization	n installment								
33	If a waiv (Month	er has been a	approved for this plan year, er Day Year	nter the date of the ruling letter gran and the waived amount	iting the approval	33					
34	Total fur	nding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0	
				Carryover balance	Prefunding bala	nce	To	otal balar	ce		
35			use to offset funding							0	
36	Addition	nal cash requir	rement (line 34 minus line 35)			36				0	
37				ontribution for current year adjuste		37				0	
38	Present	value of exce	ess contributions for current ye	ear (see instructions)							
	a Total (	(excess, if any	y. of line 37 over line 36)		***************************************	. 38a				0	
	<b>b</b> Portio	n Included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b					
39	Unpaid	mlnimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39				0	
40	Unpaid			S		40				0	
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	If an elec	ction was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sched	Jule elected			••••		2 plus 7 yea	ırs 📗	15 years	S	
	<b>b</b> Eligibl	le plan year(s)	) for which the election in line	41a was made		2008	3 2009	2010	201	1	
42	2 Amount of acceleration adjustment										
	Excess installment acceleration amount to be carried over to future plan years										

## DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the plan's early retirement date, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation service

Participants who have passed their Early Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 63

#### DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Plan Effective Date January 1, 2004

**Plan Year** From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 coincident with or following the completion of the

following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 62

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

The accrued benefit based on plan provisions prior to January 1,

2004.

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

**Normal Form of Benefit** A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit, calculated based on

average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected

credited years at normal retirement.

Credited years are plan years commencing with the year of hire and

ending with the retirement year excluding the following:

Years before January 1, 2004 Years with less than 1,000 hours

**Termination Benefit** Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Credited Years Vested Percent
0

## DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

#### **Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

**Death Benefit** 

Actuarial Equivalent of the accrued benefit earned to date of death

# DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN

Shortfall Amortization Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

		Number of		Value of
	Amortization	Future		Future
Valuation Date	<b>Method</b>	<u>Installments</u>	<u>Installment</u>	<b>Installments</b>
Total			<u>*************************************</u>	\$0