

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2013****This Form is Open to Public  
Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
- B** This return/report is: ☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program  
☐ special extension (enter description)

**Part II Basic Plan Information—enter all requested information****1a** Name of planDANG D. NGUYEN, MD. DEFINED BENEFIT PLAN**1b** Three-digit  
plan number  
(PN) ▶001**1c** Effective date of plan01/01/2004**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)DOWNTOWN RENAL MEDICINE, PC.41 ELIZABETH STREET, SUITE 302  
NEW YORK, NY 10013**2b** Employer Identification Number  
(EIN) 20-2897084**2c** Sponsor's telephone number  
212-334-8108**2d** Business code (see instructions)  
621111**3a** Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.**a** Sponsor's name**4b** EIN**4c** PN**5a** Total number of participants at the beginning of the plan year .....**5a** 3**b** Total number of participants at the end of the plan year .....**5b** 3**c** Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....**5c****6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No**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.) ..... ☒ Yes ☐ No**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 insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2014	DANG D. NGUYEN, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	264914	248370
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	264914	248370
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>		
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	-16544	
<b>b</b> Other income (loss) .....	<b>8b</b>		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		-16544
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-16544
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part 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:  
**1A 1I 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**

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

**Part VI Pension Funding Compliance**

<b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>11a</b> Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 .....	<b>11a</b> 0
<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month _____ Day _____ Year _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>

<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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).....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)
	<b>13c(3)</b> PN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>DANG D. NGUYEN, MD. DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DOWNTOWN RENAL MEDICINE, PC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-2897084</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>264914</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>264914</u>
<b>3</b> Funding target/participant count breakdown:	
<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b> <u>0</u>
<b>b</b> For terminated vested participants.....	<b>3b</b> <u></u>
<b>c</b> For active participants:	
<b>(1)</b> Non-vested benefits .....	<b>3c(1)</b> <u>93926</u>
<b>(2)</b> Vested benefits .....	<b>3c(2)</b> <u>139388</u>
<b>(3)</b> Total active.....	<b>3c(3)</b> <u>233314</u>
<b>d</b> Total.....	<b>3d</b> <u>233314</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b> <u></u>
<b>b</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.....	<b>4b</b> <u></u>
<b>5</b> Effective interest rate .....	<b>5</b> <u>6.13 %</u>
<b>6</b> Target normal cost .....	<b>6</b> <u>0</u>

**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.

<b>SIGN HERE</b>		<u>09/17/2014</u>
Signature of actuary		Date
<u>ARTHUR E. TEILER, ASA, MAAA</u>		<u>14-01157</u>
Type or print name of actuary		Most recent enrollment number
<u>ELIM GROUP</u>		<u>718-888-1988</u>
Firm name		Telephone number (including area code)
<u>30-50 WHITESTONE EXPRESSWAY FLUSHING, NY 11354</u>		
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 instructions ☐

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

**Schedule SB (Form 5500) 2013**  
**v. 130118**

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	10612	
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8) .....	10612	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>-2.67</u> % .....	-283	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
<b>b</b> Interest on (a) using prior year's effective interest rate of _____% except as otherwise provided (see instructions) .....		
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	10329	0

<b>Part III Funding Percentages</b>		
<b>14</b> Funding target attainment percentage .....	<b>14</b>	109.58 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	114.03 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.00 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			<b>18(b)</b>	<b>18(c)</b>	

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	
<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 3
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>		
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment.....			
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <u>09</u> Day <u>17</u> Year <u>2014</u> ) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>		
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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).

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

OMB No. 1210-0110

**2013****This Form Is Open to Public  
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Dang D. Nguyen, MD. Defined Benefit Plan	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Downtown Renal Medicine, PC.	<b>D</b> Employer Identification Number (EIN) 20-2897084
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>		
<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	264914
<b>b</b> Actuarial value .....	<b>2b</b>	264914
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b>	0
<b>b</b> For terminated vested participants.....	<b>3b</b>	
<b>c</b> For active participants:		
(1) Non-vested benefits .....	<b>3c(1)</b>	93926
(2) Vested benefits .....	<b>3c(2)</b>	139388
(3) Total active .....	<b>3c(3)</b>	233314
<b>d</b> Total.....	<b>3d</b>	233314
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</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.....	<b>4b</b>	
<b>5</b> Effective interest rate .....	<b>5</b>	6.13 %
<b>6</b> Target normal cost .....	<b>6</b>	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

Arthur E. Teiler, ASA, MAAA

Type or print name of actuary

Elim Group

Firm name

30-50 Whitestone Expressway

Flushing, NY 11354

Address of the firm

09/17/2014

Date

14-01157

Most recent enrollment number

(718) 888-1988

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2013

2014-09-17T13:30:23-05:00

v. 130118

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	10612	
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8) .....	10612	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>-2.67</u> % .....	-283	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
<b>b</b> Interest on (a) using prior year's effective interest rate of _____ % except as otherwise provided (see instructions) .....		
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	10329	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	109.58 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	114.03 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.00 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	<b>18(c)</b>	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 3
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....		<b>31a</b>	0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	
<b>32</b> Amortization installments:		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....			
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....		<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....		<b>40</b>	0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....		<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....		<input type="checkbox"/> 2008	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment .....		<b>42</b>	
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....		<b>43</b>	

Dang D. Nguyen Defined Benefit Plan  
 EIN # 20-2897084 Plan 001  
 Schedule SB Part V - Statement of Actuarial Assumptions/Methods  
**and Schedule SB Line 22 Description of Weighted Average Ret. Age**  
**and Schedule SB Line 23**

Actuarial Valuation as of 01/01/13

PLAN ACTUARIAL ASSUMPTIONS

	Pre Retirement	Post Retirement	
( 1) VALUATION INTEREST	5.00 %	5.00 %	
MORTALITY	None	1994 GAR B	set back 0
SALARY SCALE	0.00 %		
LOADING	0.00 %		
Segment rates	1st 4.94%	2nd 6.15	3rd 6.76
( 2) PLAN ACTUARIAL	For the Age Adjusted maximum \$ Limit		
EQUIVALENT	use 5 % interest & 1994 GAR Blended		
	for all other purposes		
	The 30-year treas rate for the 5th		
	month prior to the beginning of year		
	With 94 GAR Blended Mort Rev R 2001-62		
( 3) PRESENT VALUE	Pre Retirement	Post Retirement	
ACCRUED BENEFIT	5.50%	5.50%	
MORTALITY	None	94GAR	set back 0
( 4) TARGET LIABILITY	FIRST SEG RATE	13Map21	Oct. 2012
	SECOND SEG RATE	4.94%	1.72%
	THIRD SEG RATE	6.15%	4.58%
		6.76%	5.67%
	2012 COMBINED MORTALITY BY GENDER		

(5) Description of Weighted Average Retirement Age  
 Schedule SB, Line 22  
 Participants are assumed to retire on the later of:  
 Their normal retirement age, or the end of the  
 Valuation year. The average of those ages is shown.

(6) Description of Valuation Method  
 Schedule SB, Line 25 not changed from prior year  
 PPA version of the Unit Credit Method

Summary of Items on Schedule the SB (Form 5500) for  
Dang D. Nguyen Defined Benefit Plan

B to D	EIN # 20-2897084 Plan 001		
Plan Year	01/01/2013	12/31/2013	
1a Valuation Date		01/01/2013	
2a Market Value of Assets		264,914	
2b Actuarial Value of Assets		264,914	
3a Retired Participants	0	0	0.00%
3b Terminated Participants	0	0	64
3c1 non v		92,926	
3c2 vstd		139,388	
3c3 Active	3	232,314	
3d FT Val date 4.94,6.15,6.76	3	232,314	
3d Projected FT for AFTAP 1.72,4.58,5.67		271,979	
4 Plans < 500 participants leave 4a and b Blank			
5 CY Effective interest Rate		6.13%	
6 TNC		0	
CoB/PFB	(a) COB	(b) PFB	
7 BoY Bal from PY line 13	10,612	0	
8 Used for PY funding PY L 35	0		
9 COB/PFB	PY 10,612	0	
Interest on PY ren -2.67%	(283)	0	
11 PY excess to add	- - -	- - -	
11a NEW PFB PY 38	- - -	0	
11b PY Effective Rate 6.13%	- - -	0	
11c Total Available	- - -	0	
11d	- - -	0	90.00%
12 Red	0		(45,502)
13 BoY CoB/PFB	10,329	0	
14 FTAP		109.58%	0
15 AFTAP		114.03%	
16 PY AFTAP		100.00%	
18 From separate spreadsheet			
19 a b c	"		
21 Segment R 4.94,6.15,6.76			
21b Look Back Month		3	
22 Weighted Average Retirement Age		64	
31a TNC from line 6		0	
31b Excess Assets		0	
31 Adjusted TNC for pre 2011	0		
32a Shortfall Amort Charge	0	0	
34 Total before carryover and discount		0	
Balance available to offset cost		0	
(a) 20.5 mos. Interest at 6.13%		0	
<b>(b) Minimum w interest</b>	<b>(1)</b>	<b>0</b>	
(c) FT for ma 271,979 TNC	0		
(d) Cushion Amount 50% FT	135,990		
(e) Cushion Amount Sal Incr			
(f) Maximum Cost lesser of	143,055	(5,595)	
(g) Level Cost Pre =5.00% Post =5.00		(5,343)	

Dang D. Nguyen Defined Benefit Plan  
 Actuarial Valuation as of 01/01/2013 EIN # 20-2897084 Plan 001

FIRST	LASTS	D o B	D o H	D O P	N R D	TP	FP	TS	VS	FS	FS	STD
				01/01/2004	62	5			9	T	td	
Dang D	NguyenBM	12/01/50	01/01/87	01/01/2004	Jan-2014	10	1	27	3	4	3	26
Michel	NguyenBF	09/19/61	01/01/2004	01/01/2005	Oct-2023	19	11	20	3	14	3	9
Mai Th	Quach BF	12/23/47	01/01/87	01/01/2004	Jan-2014	10	1	27	3	4	3	26

	2013	2,012	2011	2010	2009	2008	2007
2006							
Dang D.Ng	20,000	40,000	39,000	39,000	80,000	80,000	24,982
165,000							
MichelleN	10,000	30,000	20,000	20,000	20,000	20,000	25,000
Mai ThuyQ	25,500	25,500	25,000	25,000	25,500	25,500	23,115
25,500							

	fsd = Jan-2010						2013		
	HA	EA	AA	RA	SS	FYE	FUNDING	ACCRUAL	Cov Cmp
							0.00%	H-3	H-5
Dang D. Nguy	27	36	53	62	63	66	20,000	2,750	3,633
Michelle Ngu	20	42	43	51	62	67	10,000	1,667	1,667
Mai Thuy Qua	27	39	56	65	66	66	25,500	2,125	2,111

Totals	3		64		55,500		6,542	6,528	7,408
			Accrued benefit						
		NRB	boy	eo	V%	VAB			
Nguyen Dang D.	1329.00	1,329	1,329	60%	797				
Nguyen Michell	298.00	298	298	60%	179				
Quach Mai Thuy	340.00	340	340	60%	204				

1,967 1,967 1,967 1,180

Dang D. Nguyen Defined Benefit					0	COB	
					0	PFB	
1994	GAR B	3.00%				New	0.000% 1
	5.00%	5.00%		264,914		AVA	0.000% 99
	MV	PVFB		0	OUT BAL	25	PV AB
	0		BASIS	0	Excess	NC + i	eo y
	1			1.0215746	PVFNC		
26 D. N	197,555	188,148	188,148	192,207	(4,059)	-4262	196,412
9 M. N	45,343	26,511	26,511	27,083	(572)	-69	26,588
26 M. Q	46,893	44,660	44,660	45,624	(964)	-1012	48,980

	289792	259319	259319	264914		-5595	-5343	271979
		5.50%				TL 1/1/09		
	PPA	PV AB		Vested				
	PV	ey	FT	FT	FT+TNC	FTmax		
	T13MAP21	t131012	MAP			Max	C.L	
D. N	127.3779	147.78923	169,285	101,571	169,285	196412	196412	
M. N	69.67084	89.221013	20,762	12,457	20,762	26588	26588	
M. Q	124.3142	144.05777	42,267	25,360	42,267	48980	48980	

-	-	381	232314	139388	232314	271979	271979	
	-	= FFL Increase	(92,926)	412(c) 6 =	-5595	RPA		
1443C:\AT\DATA\JF\NGUY13.WK1p8			05/27/14	412(c) 7 =	-278160	-139464		
		A	0.00%					
		2013	1.00	B	0.00%	Acc'd	0.02	
	PVFB	s415	\$415	25	25	2.2777	TH MIN	Acc'd
	5.00%	Max			NRB	NRB	NRB	TH
DN	188148	2750	17083	0%	0 0	0	550	654
MN	26511	1667	17083	0%	0 0	0	333	267
MQ	44660	2125	18407	0%	0 0	0	425	380

0	259319	0	0 0	0	1308	1301	1449
	-5595	1443C:\AT\DATA\JF\NGUY13.WK1p9			05/27/14		

Dang D. Nguyen Defined Benefit Plan										0.00%pre =5.00
Summary of the Actuarial Valuation as of 01/01/13										0.00%post=5.00
										25 S.S.=0.00
Monthly Normal										
	HA	EA	AA	RA	Compen-	Retire-	Current	VALUE at	ANNUAL	
					sation	ment	Assets	N. R. D.	COST	
						Benefit				
B	Dang D	Nguyen	36	53	62	63	20,000	1,329	192,207	197,555 (4,262)
B	Michel	Nguyen	42	43	51	62	10,000	298	27,083	45,343 (69)
B	Mai	ThQuach	39	56	65	66	25,500	340	45,624	46,893 (1,012)
							55500	264914	-5343	

#### Abbreviations

HA is Hire Age  
EA is Age at Employment  
AA is the attained age  
RA is Age at Retirement  
SS is Salary Scale  
NRD is Normal Retirement Date

Contributions to a defined benefit plan are combined into an unallocated fund and individual accounts are not appropriate.

05/27/14 1443C:\AT\DATA\JF\NGUY13.WK1p4

Dang D. Nguyen Defined Benefit Plan

EIN # 20-2897084 Plan 001

***Schedule SB Part V - Summary of Plan Provisions***

Actuarial Valuation as of

01/01/13

This plan was frozen 1/1/07

No funding is required for 2013. Everyone is at NRA so the plan can be paid out and terminated.

If contributions are desired there is plenty of room to unfreeze the plan.

Here is the Val and attachments

Dang D. Nguyen Defined Benefit Plan

EIN # 20-2897084 Plan 001

**Schedule SB Part V - Summary of Plan Provisions**

Actuarial Valuation as of

01/01/13

PLAN SPECIFICATIONS

- ( 1) EFFECTIVE DATE     01/01/2004
- ( 2) VALUATION DATE     01/01/13
- ( 3) ELIGIBILITY REQUIREMENTS
- (A) Minimum Months of Service:     12
  - (B) Minimum Age:                     21
  - (C) Maximum Age:     None
  - (D) Entry Dates: January 1  
   and July 1  
Participant Enters on the Entry  
Date Following Completion of  
Requirements
- ( 4) NORMAL RETIREMENT AGE
- (A) Later of age 62 or the 5th  
anniversary of participation
- ( 5) EARLY RETIREMENT AGE
- None
- ( 6) MONTHLY PENSION
- 0.00 % of Average Compensation
- for each year of Service since  
01/01/2010 up to 25 Years of Service.  
**Plan Frozen 1/1/07**
- ( 7) VALUATION METHODS     The same as in the prior year  
PPA version of the unit credit method
- ( 8) NORMAL FORM
- Straight Life Annuity
- ( 9) ACCRUED BENEFIT
- Fractional Rule Based on years since  
01/01/2010 based on service
- (10) AVERAGE COMPENSATION
- The Participant's Highest Average  
Compensation During any 3  
Consecutive Years of Participation
- (11) VESTING SCHEDULE
- | YR. | %   | YR. | %    |
|-----|-----|-----|------|
| --  | --  | --  | --   |
| 1   | 0%  | 4   | 60%  |
| 2   | 20% | 5   | 80%  |
| 3   | 40% | 6   | 100% |