Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in acco	ordance with the instru	ctions to the Form 5500	0-SF.	
Part I	Annual Report I	dentification Information				
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/20	013	and ending 12	2/31/2013	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-parti	cipant plan
B This ref	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	· —	
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC prog	gram
D (II	Daria Blancia	special extension (enter descrip	,			
Part II		mation—enter all requested infor	mation		41	
1a Name DANG D. NO	of plan GUYEN, MD. DEFINED	BENEFIT PLAN			1b Three-digit plan number	
					(PN) ▶	001
					1c Effective date	e of plan 01/2004
	ponsor's name and add	lress; include room or suite number PC.	(employer, if for a single-	-employer plan)	2b Employer Idea	
44 ELIZADE	THE OTREET OF STEEL				2c Sponsor's tel	ephone number
NEW YORK	TH STREET, SUITE 30 , NY 10013	02			2d Business code	e (see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b Administrator	
		_	<u>—</u>		3c Administrator	s telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b EIN	
	, EIN, and the plan num or's name	ber from the last return/report.		·	4c PN	
		at the beginning of the plan year			5a	3
b Total	number of participants a	at the end of the plan year			5b	3
		ccount balances as of the end of the	. , ,	•	5c	
_	•	during the plan year invested in elig	,	•		X Yes No
		the annual examination and report of (See instructions on waiver eligibility)				X Yes No
		her line 6a or line 6b, the plan ca	•			M 100 [] 110
•		plan, is it covered under the PBGC				Not determined
				•		
		r incomplete filing of this return/r er penalties set forth in the instruction				licable a Sabadula
SB or Sche		d signed by an enrolled actuary, as				
SIGN	Filed with authorized/v	ralid electronic signature.	10/08/2014	DANG D. NGUYEN, M	1D	
HERE	Signature of plan ac	lministrator	Date	Enter name of individu	ual signing as plan a	dministrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as emplo	ver or plan sponsor
Preparer's		ame, if applicable) and address; incl				ne number (optional)
				-		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	·			(b) End	l of V	'oar		
	Total plan assets	7a	(a) Beginning of Tea				(b) Enc		248370)	
	Total plan liabilities	7b		0							
	Net plan assets (subtract line 7b from line 7a)	7c	26491	4					248370)	
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) :				
	Contributions received or receivable from:		(a) Amount				(a)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)	-1654	4							
b	Other income (loss)	8b									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-16544		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							-16544	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instruc	tions			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
a		tions withi	n the time period described in					<u> </u>	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
	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					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X					
	instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the			1011							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance							_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							>	Yes		No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year				[12b			_		_

Page	3	- [1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (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?	. 🔲 Y	'es 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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

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 2013 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).

01/01/2013

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

and ending

12/31/2013

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		off amounts to : A penalty of \$		ar. assessed for late	filing of this r	report u	unless reas	onable ca	ause is	s establisl	ned.				
A N	Name of				-	•			В	Three-d)		00	1
		nsor's name as N RENAL MED		e 2a of Form 5500	or 5500-SF	•			D	Employe	r Identifica 20-289		nber (E	EIN)	
Ет	ype of pla	an: X Single	Multiple-	A Multiple-B		F	Prior year pla	n size:	X 100	or fewer	101-	500 N	More th	nan 500	
Pa	art I	Basic Infor	mation												
1	Enter t	he valuation da	te:	Month 01	Day	01	Year _	2013	_						
2	Assets	:													
	_										2a				264914
											2b				264914
3		g target/particip			n au ma ant		3a	(1) N	Numbe	er of partic	•		(2) F	unding T	arget
	_			ficiaries receiving							()			
		active participar		.3			36								
	(1						3c(1)								93926
	(2	•					2 (2)								139388
	(3	Total active					3c(3)				3	3			233314
	d Tota	I					3d				3	3			233314
4	If the p	lan is in at-risk	status, check	the box and comp	olete lines (a	and (b)								
	a Fund	ling target disre	garding pres	cribed at-risk assu	mptions						4a				
				ssumptions, but de consecutive year							4b				
5	Effectiv	e interest rate									5				6.13 %
6	Target	normal cost									6				0
	To the best accordance	with applicable law	e information sup and regulations. I	plied in this schedule an n my opinion, each othe I experience under the p	r assumption is r	g schedule reasonabl	es, statements le (taking into a	and attachm ccount the e	nents, if experien	any, is comp ace of the pla	olete and acc in and reasor	urate. Each nable expect	prescrib tations) a	ed assumpti and such oth	on was applied in ner assumptions, in
	IGN ERE											09	9/17/20	014	
			Się	gnature of actuary								D	Date		
ART	HUR E.1	TEILER, ASA, N	ЛААА						_			1	4-011	57	
			Type o	r print name of act	uary						Most	recent er	nrollme	ent numbe	ər
ELIN	/ GROU	P							_			7	18-88	3-1988	
		ESTONE EXPR NY 11354	RESSWAY	Firm name						7	Геlephone	number	(inclu	ding area	code)
			Α	ddress of the firm					_						
	actuary uctions	has not fully re	flected any re	gulation or ruling p	oromulgated	under	the statute	in comple	eting t	his sched	lule, chec	k the box	and s	ee	

Schedule SB (Form 5500) 2013

Pa	art II	Begir	ning of Year	Carryov	er and F	Prefunding Ba	alances						
				_				(a) (Carryover balance		(b) F	Prefundi	ng balance
7		_	nning of prior year		-	•				10612			
8			for use to offset pr	•		,							
9	Amount	t remaini	ng (line 7 minus lir	ne 8)						10612			0
10	Interest	on line 9	using prior year's	actual re	turn of	<u>-2.67</u> %				-283			0
11	Prior ye	ar's exce	ess contributions to	o be adde	d to prefun	ding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from	prior year)							
) using prior year's provided (see ins										
	C Total	available	at beginning of cur	rent plan y	ear to add t	o prefunding balan	ce						
	d Porti	on of (c)	to be added to pre	funding b	alance								
12	Other re	eductions	s in balances due	to election	s or deeme	ed elections							
13	Balance	e at begir	nning of current ye	ar (line 9	+ line 10 +	line 11d – line 12)		1	0329			0
Р	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age								14	109.58 %
15	Adjuste	d fundin	g target attainmen	t percenta	ge							15	114.03 %
16	-		ling percentage fo nding requirement			-		-	•			16	100.00 %
17	If the cu	ırrent val	ue of the assets o	f the plan	is less thar	70 percent of the	e funding targ	et, enter s	such percentage			17	%
P	art IV	Con	tributions and	d Liquid	lity Shor	tfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by em	ployer(s) and emp	oloyees:						
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer(nount paid by nployees	(a) Da (MM-DD-Y		(b) Amount pa employer(-	(0		int paid by oyees
							Totals ►	18(b)			18(c)		
19	Discour	nted emp	loyer contributions	s – see ins	tructions fo	or small plan with	a valuation da	ate after th	ne beginning of the	e year:			
	a Conti	ributions	allocated toward u	ınpaid mir	nimum requ	ired contributions	from prior ye	ars		19a			
	b Contr	ributions	made to avoid res	trictions a	djusted to v	/aluation date				19b			
	C Contr	ributions a	allocated toward mi	nimum req	uired contri	bution for current y	ear adjusted to	o valuation	n date	19c			
20	Quarter	ly contrib	outions and liquidit	y shortfall:	s:								
	a Did tl	he plan h	nave a "funding sh	ortfall" for	the prior ye	ear?						[Yes X No
	b If line	e 20a is "	Yes," were require	ed quarterl	y installme	nts for the current	year made ir	n a timely	manner?			<u></u>	Yes No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the	e following table a	s applicable:						
		(4) 4:	\ 4			y shortfall as of e	nd of quarter		_* .			(4) 411	
		(1) 19	ol .		(2)	2nd		(3)	3rd			(4) 4tl	I
							1			1			

22 Get Autorality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VII Prescribed - combined Prescribed - combined Prescribed - separate Prescribed - separa	21 Discount rate: a Segment rates: b Applicable month (enter code). c 194 Age											
a Segment rates: Segment A 94% B 15%	a Segment rates:	Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
b Applicable month (enter code)	b Applicable month (enter code)	21	Discou	nt rate:		<u></u>	T					
22 Weighted average retirement age 22 64 23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Prescribed characteristic and the plan year? If "Yes," see instructions regarding required attachment. Prescribed characteristic and the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan required of provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Prescribed in the plan required of provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Prescribed in the plan required contributions for active plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan required contributions for active plan year. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year? If "Yes," see instructions regarding required attachment. Prescribed in the plan year? If year. Prescribed in the plan year. Prescribed in the plan	22 Weighted average retirement age.		a Seg	ment rates:					N/A, ful	ll yield o	curve	used
Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute	Prescribed - separate Substitute		b Appl	licable month (enter code)			21b				3
Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	22	Weight	ted average ret	tirement age			. 22				64
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	escribed - separate	Substitu	te			
attachment.	attachment.	Pa	rt VI	Miscellane	ous Items							
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	24		-							Yes	X No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 28										Yes	X No
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years		If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instru						<u> </u>
28 Unpaid minimum required contributions for all prior years	28 Unpaid minimum required contributions for all prior years	Pa					s For Prior Years	1				
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)				-	-		28				
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		Discou	nted employer	contributions allocated toward	d unpaid minimum required contrib	outions from prior years					
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30						30				0
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)											
a Target normal cost (line 6)	a Target normal cost (line 6)				•							
b Excess assets, if applicable, but not greater than line 31a	b Excess assets, if applicable, but not greater than line 31a				•	,		31a				0
32 Amortization installments: a Net shortfall amortization installment	32 Amortization installments: a Net shortfall amortization installment		_					-				
b Waiver amortization installment	b Waiver amortization installment	32			<u> </u>		1	1	In	stallme	ent	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month09	33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month 09 Day 17 Year 2014) and the waived amount 33 (Month 09 Day 17 Year 2014) and the waived amount 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). 34 Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement. 36 Additional cash requirement (line 34 minus line 35). 36 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c). 37 Contributions for current year (see instructions) 38 Present value of excess contributions for current year (see instructions) 38 Deportion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 39 Unpaid minimum required contributions for all years 40 Unpaid minimum required contributions for all years 40 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 2 plus 7 years 15 years 2 plus 7 years 15 years		a Net s	shortfall amortiz	zation installment							
Month 09 Day 17 Year 2014) and the waived amount 33 34	Month 09		b Waiv	er amortizatio	n installment							
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	Carryover balance Carryover balance Prefunding balance Total carryover balance Total carryover balance Total carryover balance Total carryover balance Total carryover balance Total balance Total balance Total balance Total carryover balance Total balance Total carryover balance Total carryover balance Total balance Total carryover balance Total carryover balance Total carryover balance Total balance Total carryover balance	33						33				
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				0
requirement	requirement							ince	To	tal bala	nce	
36 Additional cash requirement (line 34 minus line 35)	36 Additional cash requirement (line 34 minus line 35)	35										0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	36						36				0
38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)		Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date					
a Total (excess, if any, of line 37 over line 36)	a Total (excess, if any, of line 37 over line 36)	38	•									
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							38a				0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)											
	40 Unpaid minimum required contributions for all years	39						+				0
40 Unpaid minimum required contributions for all years	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	40						40				0
	41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	Pa	-)				
	a Schedule elected 2 plus 7 years						,	•				
<u> </u>						<u> </u>			2 plus 7 vea	rs 「	15 v	ears
	** DOUGH VEGUS LUI WURLI DE EIELIOU DI DIE \$14 WAS DADE 17000 17										_	
b Fligible plan year(s) for which the election in line 41a was made		42			,					12010	<u>ப '</u>	
b Eligible plan year(s) for which the election in line 41a was made								1				
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42	74 AITIOUTE OF ACCEPTATION AUTOSTRICITE					d over to future plan years		43				

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).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		File as an attachm	ent to Form 5	500 or 5500-SF.			
For	calendar plan year 2013 or fiscal plan year beginni	ng 01/01/201 3		and endir	ig 12/31/	2013	
▶F	Round off amounts to nearest dollar.						
→ 0	Caution: A penalty of \$1,000 will be assessed for la	ate filing of this report	unless reasor	nable cause is establishe	d.		
	ame of plan g D. Nguyen, MD. Defined Benefit Plan			B Three-dig		•	001
	lan sponsor's name as shown on line 2a of Form 5 Intown Renal Medicine, PC.	500 or 5500-SF		D Employer I 20-2897084	dentification	Number (EIN)	
ETV	ype of plan: X Single Multiple-A Multiple	-в Е	Prior year plan	size: 🗴 100 or fewer	101-500	More than 500	
Pai			Thor year plan	TOO OF ICHCI	101-000		
1	Enter the valuation date: Month 01	Day 01	Year _20	113			
2	Assets:	Day 01					
_					7-		00404
	a Market value				. 2a		264914
	b Actuarial value				. 2b		264914
3	Funding target/participant count breakdown:			(1) Number of particip	ants	(2) Funding	Target
	a For retired participants and beneficiaries receiving	n g payment	3a		0		
	b For terminated vested participants	************************	3b				
	C For active participants:						
	(1) Non-vested benefits	656 550	3c(1)				93926
	(2) Vested benefits						139388
	(3) Total active		1 1 1		3		233314
	d Total		\ \ \ \ \		3		233314
			1		3		233314
	If the plan is in at-risk status, check the box and co		` '				
	a Funding target disregarding prescribed at-risk as	ssumptions			4a		
	b Funding target reflecting at-risk assumptions, but				4b		
_	at-risk status for fewer than five consecutive y						
	Effective interest rate				5		6.13 %
6	Target normal cost				6		0
To	ment by Enrolled Actuary the best of my knowledge, the information supplied in this schedule coordance with applicable law and regulations. In my opinion, each combination, offer my best estimate of anticipated expenence under the	ther assumption is reasonal					
	GN ERE arthur	E Teiler				09/17/2014	
	Signature of actua	ary				Date	
	Arthur E.Teiler, ASA,	, MAAA				14-01157	
	Type or print name of	actuary			Most rece	nt enrollment num	ber
	Elim Group	,				(718) 888-1988	
	Firm name			Tol	anhone eue	ber (including are	a codo)
	30-50 Whitestone Exp	ressway		168	sprione nun	iber (including are	a code)
	Flushing, NY 113	354					
	Address of the fi						
If the a	actuary has not fully reflected any regulation or rulin	g promulgated under	the statute in	completing this schedule	e, check the	box and see	
	popular Reduction Act Notice and OMR Contro	al Mumbara, and the	instructions	for Form EEOO on EEOO	e E	Cahadula CD /E	EE00\ 2042

Page 2 -

Schedule SB (Form 5500) 2013

D.	art II Begi	nning of Vear	Carryon	ver and Prefunding E	Palances						
Г	artı beyi	inning or real	Carryo	ver and Freminding E	Dalalices	(a) C	Carryover balance	Т	(b)	Prefund	ing balance
7		* · ·		licable adjustments (line 13				0612		-	
8		•	•	funding requirement (line 3	I						
9	Amount remain	ing (line 7 minus l	ine 8)				10	0612			0
_10	Interest on line	9 using prior year	's actual re	turn of <u>-2.67</u> %	<u></u>			-283			0
11	Prior year's exc	cess contributions	to be adde	ed to prefunding balance:							
	a Present value	e of excess contrib	outions (line	e 38a from prior year)							
				interest rate of							
	C Total available	e at beginning of cu	ırrent plan y	ear to add to prefunding bala	ance						
	d Portion of (c)	to be added to pr	efunding b	alance							
_12	Other reduction	s in balances due	to election	ns or deemed elections							
13	Balance at beg	inning of current y	ear (line 9	+ line 10 + line 11d - line 1	2)		10	329			0
P	art III Fur	nding Percent	ages								
14	Funding target	attainment percen	tage				*********************			14	109.58 %
15	Adjusted fundir	ng target attainmer	nt percenta	ge	,	***************				15	114.03 %
16				s of determining whether ca						16	100.00 %
17	If the current va	lue of the assets	of the plan	is less than 70 percent of the	he funding targ	get, enter si	uch percentage			17	%
Pa	art IV Coi	stributione an	d Liquid	114 - Ol46-11-							
	altiv j ooi	iti ibutions an	u Liquid	lity Shortfalls							
18		ade to the plan fo	r the plan	year by employer(s) and em	nployees:						
			r the plan y		nployees: (a) Da (MM-DD-		(b) Amount pai employer(s		(0	-	int paid by loyees
	Contributions m	(b) Amount p	r the plan y	year by employer(s) and em	(a) Da				((-	
	Contributions m	(b) Amount p	r the plan y	year by employer(s) and em	(a) Da				(0	-	
	Contributions m	(b) Amount p	r the plan y	year by employer(s) and em	(a) Da				(6	-	
	Contributions m	(b) Amount p	r the plan y	year by employer(s) and em	(a) Da				(0	-	
	Contributions m	(b) Amount p	r the plan y	year by employer(s) and em	(a) Da				(0	-	
	Contributions m	(b) Amount p	r the plan y	year by employer(s) and em	(a) Da (MM-DD-	YYYY)				-	
(M	Contributions re (a) Date IM-DD-YYYY)	(b) Amount pemployer	r the plan y paid by r(s)	year by employer(s) and em (c) Amount paid by employees	(a) Da (MM-DD-	18(b)	employer(s		18(c)	-	
	Contributions m (a) Date IM-DD-YYYY)	(b) Amount perpendicular of the plan for the	r the plan y paid by r(s)	vear by employer(s) and em (c) Amount paid by employees tructions for small plan with	(a) Da (MM-DD-	18(b)	employer(s	year:		-	
(M	Contributions re (a) Date IM-DD-YYYY) Discounted emp	(b) Amount perpendicular of the plan for the plan for employer of the p	r the plan y paid by r(s) s – see ins unpaid mir	vear by employer(s) and em (c) Amount paid by employees tructions for small plan with	(a) Da (MM-DD-	18(b) ate after the ears.	employer(s	year:		-	
(M	Contributions of (a) Date IM-DD-YYYY) Discounted emp a Contributions b Contributions	(b) Amount perpendicular of the plan for the	s – see insunpaid mir	rear by employer(s) and em (c) Amount paid by employees tructions for small plan with himum required contribution djusted to valuation date	(a) Da (MM-DD-	18(b) ate after the	employer(s	year: 19a		-	
(M	Contributions re (a) Date IM-DD-YYYY) Discounted emp a Contributions b Contributions	oloyer contribution allocated toward made to avoid res	s – see ins unpaid mir strictions ac	tructions for small plan with himum required contribution for current	(a) Da (MM-DD-	18(b) ate after the	employer(s	year:		-	
(M	Contributions of (a) Date IM-DD-YYYY) Discounted emp a Contributions b Contributions c Contributions Quarterly contri	oloyer contribution allocated toward made to avoid resallocated toward mobutions and liquidle	s – see insumpaid mir strictions ac inimum req by shortfalls	tructions for small plan with himum required contribution date	(a) Da (MM-DD-	18(b) ate after the ears	employer(s	year: 19a 19b	18(c)	empl	loyees
(M	Discounted empa Contributions Contributions Contributions Contributions Quarterly contrib a Did the plant	bloyer contribution allocated toward made to avoid resultations and liquidles have a "funding sh	s – see ins unpaid mir strictions a inimum req ty shortfalls	tructions for small plan with a mum required contribution for current six the prior year?	Totals Totals a valuation das from prior year adjusted by	18(b) ate after the ears.	e beginning of the	year: 19a 19b	18(c)	empl	yes No
(M	Discounted emplements of Contributions a Contributions b Contributions c Contributions Quarterly contributions b If line 20a is '	oloyer contribution allocated toward made to avoid resallocated toward mount pound in a contribution and liquidles a "funding shows a "funding	s – see ins unpaid mir strictions ac inimum req by shortfalls ortfall* for	tructions for small plan with himum required contribution diusted to valuation date	(a) Da (MM-DD-) Totals a valuation da s from prior year adjusted to the control of the contro	18(b) ate after the ears.	e beginning of the	year: 19a 19b	18(c)	empl	loyees
(M	Discounted emplements of Contributions a Contributions b Contributions c Contributions Quarterly contributions b If line 20a is '	oloyer contribution allocated toward made to avoid resallocated toward mount pound in a contribution and liquidles a "funding shows a "funding	s – see ins unpaid mir strictions ac inimum req by shortfalls ortfall* for	tructions for small plan with imum required contribution djusted to valuation date uired contribution for current s:	Totals Totals	18(b) ate after the ears	employer(s)	year: 19a 19b	18(c)	empl	yes No
(M	Discounted emplements of Contributions a Contributions b Contributions c Contributions Quarterly contributions b If line 20a is '	oloyer contribution allocated toward made to avoid resallocated toward mounts allocated toward moutions and liquidles have a "funding she'yes," see instructions	s – see ins unpaid mir strictions ac inimum req by shortfalls ortfall* for	tructions for small plan with himum required contribution diusted to valuation date	Totals Totals	18(b) ate after the ears	employer(s) e beginning of the date	year: 19a 19b	18(c)	empl	Yes No

De	-4 V A	a Haad ta Datamina F		-4 N 1 O 4				
		s used to Determine Fi	unding Target and Targ	et Normai Cost				_
21	Discount rate: a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %		N/A, full yiel	d curve	used
	b Applicable month (er				21b	<u>-</u>		3
22					22			 64
	Mortality table(s) (see	_		scribed - separate	Substitu	te	_	-
	rt VI Miscellaneou							
			rial assumptions for the current	ping year? If "Vec " coo	instructions	ropording roquire	d	
27			inal assumptions for the correin				1	x No
25			year? If "Yes," see instructions	21	01 U.			X No
		· · · · · · · · · · · · · · · · · · ·	articipants? If "Yes," see instruc				1	X No
27			applicable code and see instru					<u>M_ 140</u>
		-	approape odd and odd more		27			
Pa	rt VII Reconciliat	ion of Unpaid Minimun	Required Contribution	s For Prior Years				
28	Unpaid minimum requir	ed contributions for all prior ye	ars		28			
29			npaid minimum required contrib		29			
30	Remaining amount of u	npaid minimum required cont ri	butions (line 28 minus line 29).	***************************************	30			0
Pa	rt VIII Minimum R	equired Contribution F	or Current Year					
31	Target normal cost and	excess assets (see instruction	ns):					
	a Target normal cost (lir	ne 6)			31a			0
	b Excess assets, if app	licable, but not greater than lin	e 31a		31b			
32	Amortization installment	ts:		Outstanding Bala	nce	Installr	nent	
	a Net shortfall amortiza	tion installment						
	b Waiver amortization in	nstallment						
33			the date of the ruling letter grad		33			
34	Total funding requireme	nt before reflecting carryover/p	orefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
			Carryover balance	Prefunding balar	ice	Total ba	lance	_
35	Balances elected for use requirement	e to offset funding						0
36	Additional cash requiren	nent (line 34 minus line 35)			36			0
37			ribution for current year adjuste		37			
38	Present value of excess	contributions for current year	(see instructions)					
-	a Total (excess, if any, o	of line 37 over line 36)	***************************************		38a			0
•			funding and funding standard c		38b			
39	Unpaid minimum require	ed contribution for current year	(excess, if any, of line 36 over	ine 37)	39			0
40	Unpaid minimum require	ed contributions for all years		************	40			0
Par	t IX Pension Fu	nding Relief Under Per	nsion Relief Act of 2010	(See Instructions)				
41	If an election was made	to use PRA 2010 funding relie	for this plan:					
	a Schedule elected					2 plus 7 years	15 ye	ars
	b Eligible plan year(s) fo	or which the election in line 41s	was made		2008	2009 2010) 2	D11
42	Amount of acceleration a	adjustment			42			

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

(1)	Pre D VALUATION INTEREST MORTALITY SALARY SCALE LOADING Segment rates	Retirement Post Retirement 5.00 % 5.00 % None 1994 GAR B set back 0 0.00 % 0.00 % 1st 4.94% 2nd 6.15 3rd 6.76
(2)	PLAN ACTUARIAL EQUIVALENT	For the Age Adjusted maximum \$ Limit 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
(,	PRESENT VALUE Pre I ACCRUED BENEFIT MORTALITY	Retirement Post Retirement 5.50% 5.50% Shone 94GAR set back 0
(4)	TARGET LIABILITY	13Map21 Oct. 2012 FIRST SEG RATE 4.94% 1.72% SECOND SEG RATE 6.15% 4.58% THIRD SEG RATE 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 0 3a Retired Participants 0 0.00% 3b Terminated Participants 0 64 3c1 non v 92,926 3c2 vstd 139,388 3c3 Active 3 232,314 3d FT Val date 4.94,6.15,6.76 232,314 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 (a) COB CoB/PFB (b) PFB 7 Boy Bal from PY line 13 10,612 8 Used for PY funding PY L 35 Ω 9 COB/PFB 10,612 PΥ 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 14 FTAP 0 109.58% 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 31 Adjusted TNC for pre 2011 0 32a Shortfall Amort Charge 34 Total before carryover and discount 0 Balance avaiable to offset cost 0 (a) 20.5 mos. Interest at 6.13% 0 (b) Minimum w interest (1) 0 (c) FT for ma 271,979 TNC (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)

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Dang D. Nguyen Defined Benefit Plan

Actuarial Valuation as of 01/01/2013 EIN # 20-2897084 Plan 001												
FIRST	LASTS	DоВ	DоH	D O P	N R D	TP	FP	TS	VS	FS	FS	STD
				01/01/2004	62	5			9	Τ	td	
Dang DI	NguyenBM	12/01/50	01/01/87	01/01/2004	Jan-2014	10	1	27	3	4	3	26
Michell	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

0005	2013	2,012	2011	2010	2009	2008	2007
2006 Dang D.Ng 165,000	20,000	40,000	39,000	39,000	80,000	80,000	24,982
MichelleN Mai ThuyQ 25,500	10,000 25,500	30,000 25,500	20,000 25,000	20,000 25,000	20,000 25,500	20,000 25,500	25,000 23,115

				fso	= £		Jan-2010				2013
		ΗА	EΑ	AA	RA	SS	FYE	FUNDING	AC	CRUAL	Cov Cmp
						RA		0.00%	H-3	H-5	
Dang D. Nguy	27	36	53	62	63	66	20,000	2,750	2,750	3,633	6,250
Michelle Ngu	20	42	43	51	62	67	10,000	1,667	1,667	1,667	8,250
Mai Thuv Oua	27	39	56	65	66	66	25,500	2,125	2,111	2,108	5,500

Totals 3	3	64	55 , 5	00	6,542	6,528	7,408
				Accrued benefit			
	NRB	boy	eoy	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

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	Dang D.	Nguyen	Defined	Benef	it	0	СОВ		
	1004 07	D D	2 000			0	PFB	0 0000	1
	1994 GA		3.00%		0.64	0.1.4	New	0.000%	1
		00%	5.00%		264,		AVA	0.000%	99
	1	MV	PVFB			0	OUT BAL	25	PV AB
		0		BASI		0	Excess	NC + i	eoy
		1			1.0215		PVFNC		
26 D.	,		3,148				(4,059)	-4262	196,412
9 M.	,		•	26,51			(572)	-69	•
26 M.	Q 46,8	93 44	1,660	44,66	0 45,	624	(964)	-1012	48,980
	2897		59319 .50%	25931	9 264	1914	-5595	-5343	271979
	DD.7		.50% AB		77 11		TL 1/1/09		
	PPA				Vested	D			
	PV		еу	FT	FT	FT+TNO		Q T	
D 11	T13MAP21			MAP	101 [71	160 000	Max	C.L	
D. N	127.3779					169,285		196412	
M. N	69.67084							26588	
M. Q	124.3142	144.05	/// 42 ,	, 267	25,360	42,267	48980	48980	
			381 232	2314	139388	232314	ł 271979	271979	
_	_								
1 4 4 2 0 .	- :\AT\DATA						= -5595	RPA	
14430;	:\AI\DAIA	(JF (NGU)	113.WKIP	A 0.	0.00%		= -278160	-139464	
		20	013 1.00) в		Acc'c	d 0.	02	
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			Max		NRB	NRE		NRB	eoy
DN			750 17083	3 0%	0			50 654	727
MN			667 17083		0			33 267	300
MO			125 1840		0			25 380	422
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	Dang D. Nguyen Defined Benefit Plan Summary of the Actuarial Valuation as of 01/01/13								0.00%pre =5.00 0.00%post=5.00			
	Sammary of C.	110 110	Jeu			varaacro:	Monthly Normal	01/01/13		S.S.=0.00		
		НА	EΑ	AA	RA	Compen-	Retire-	Current	VALUE at	ANNUAL		
						sation	ment	Assets	N. R. D.	COST		
							Benefit					
В	Dang DNguyen	36	53	62	63	20,000	1,329	192,207	197,555	(4,262)		
В	MichelNguyen	42	43	51	62	10,000	298	27,083	45,343	(69)		
В	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.

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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:
 - (C) Maximum Age: None
 - (D) Entry Dates: January 1 and July 1

Participant Enters on the Entry Date Following Completion of Requirements

2.1

- (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.	양	YR.	%
1	0%	4	60%
2	20%	5	80%
3	40%	6	100%