## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

an year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009  report is for: single-employer plan multiple-employer plan (not multiemployer) mereport is for: single-employer plan multiple-employer plan (not multiemployer) mereport is for: single-employer plan multiple-employer plan (not multiemployer) mereport is for: single-employer plan multiple-employer plan (not multiemployer) mereport is for: single-employer plan multiple-employer plan (less than 12 months)  f filing under: Form 5558 automatic extension plan (less than 12 months)  asic Plan Information—enter all requested information  an D., P.C. 401(K) PROFIT SHARING PLAN  and D., P.C. 401(K) PROFIT SHARING  and D	A This return/report is for:  Single-employer plan  multiple-employer plan (not multiemployer)  one-participant plan  B This return/report is for:  Single-employer plan  multiple-employer plan (not multiemployer)  one-participant plan  C Check box if filing under:  Sform 5558  automatic extension   DFVC program  Part II  Basic Plan Information—enter all requested information  1a Name of plan  LILY WONG, M.D., P.C. 401(K) PROFIT SHARING PLAN  2a Plan sponsor's name and address (employer, if for single-employer plan)  LILY WONG, M.D., P.C.  2a Plan sponsor's name and address (employer, if for single-employer plan)  LILY WONG, M.D., P.C.  800A FIFTH AVENUE, SUITE 503  NEW YORK, NY 10065  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  800A FIFTH AVENUE, SUITE 503  NEW YORK, NY 10065  3b Administrator's telephone number 212-588-8900  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. Sponsor's name  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. Sponsor's name  5a	P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.				
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per of participants with account balances as of the end of the plan year (defined benefit plans do not	complete this item)	b	Total number of participants at the e	end of the plan year			5b				3
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his item)	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)		complete this item)				5c			_	3
of the plan's assets during the plan year invested in eligible assets? (See instructions.)		6a	Were all of the plan's assets during	the plan year invested in eligi	ble assets?	(See instructions.)			X Yes	Ш	No
	under 29 CER 2520 104-467 (See instructions on waiver eligibility and conditions )	b							Voc	П	No
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55(.)	7 Plan Assets and Liabilities  a Total plan assets										
pants	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets 7a 0 62058 b Total plan liabilities 7b 0 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 0 62058  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 49695 (2) Participants 8a(2) 12363	b	, ,		` '						
pants	7 Plan Assets and Liabilities  a Total plan assets	_	` '							62	058
pants	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets 7a 0 62058 b Total plan liabilities 7b 0 0 0  C Net plan assets (subtract line 7b from line 7a) 7c 0 62058  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 49695 (2) Participants 8a(2) 12363 (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 0		, , , , , ,	, ,	60					02	000
pants	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a         Total plan assets         7a         0         62058           b         Total plan liabilities         7b         0         0           c         Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:         (1) Employers         8a(1)         49695           (2) Participants         8a(2)         12363           (3) Others (including rollovers)         8a(3)         0           b         Other income (loss)         8b         0           C         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058	u	. \	•	8d	(	)				
pants	7 Plan Assets and Liabilities 7a 0 62058 b Total plan assets (subtract line 7b from line 7a) 7c 0 62058 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 49695 (2) Participants 8a(2) 12363 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 62058 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 62058 d Benefits paid (including direct rollovers and insurance premiums	е				(					
pants	7 Plan Assets and Liabilities 7 Total plan assets	f				(					
pants         8a(2)         12363           s (including rollovers)         8a(3)         0           me (loss)         8b         0           ne (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058           aid (including direct rollovers and insurance premiums benefits)         8d         0           emed and/or corrective distributions (see instructions)         8e         0	7 Plan Assets and Liabilities  a Total plan assets	q		,		(	)				
pants	7 Plan Assets and Liabilities  a Total plan assets	h	·								0
Pants	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a Total plan assets         7a         0         62058           b Total plan liabilities         7b         0         0           c Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:         (1) Employers         8a(1)         49695           (2) Participants         8a(2)         12363           (3) Others (including rollovers)         8a(3)         0           b Other income (loss)         8b         0           c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058           d Benefits paid (including direct rollovers and insurance premiums to provide benefits)         8d         0           e Certain deemed and/or corrective distributions (see instructions)         8e         0           f Administrative service providers (salaries, fees, commissions)         8f         0           g Other expenses         8g         0	i								62	058
Sa(2)   12363   1236	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a Total plan assets         7a         0         62058           b Total plan liabilities         7b         0         0           C Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:         (1) Employers         8a(1)         49695           (2) Participants         8a(2)         12363           (3) Others (including rollovers)         8a(3)         0           b Other income (loss)         8b         0           C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058           d Benefits paid (including direct rollovers and insurance premiums to provide benefits)         8d         0           e Certain deemed and/or corrective distributions (see instructions)         8e         0           f Administrative service providers (salaries, fees, commissions)         8f         0           g Other expenses         8g         0           h Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         0	j				(	)				
xpenses, and Transfers for this Plan Year (a) Amount (b) Total	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  Total plan assets	8	Income, Expenses, and Transfers for Contributions received or receivable (1) Employers	or this Plan Year e from:	8a(1) 8a(2) 8a(3)	(a) Amount 49699 12363	5	(b) ·	Γ <b>otal</b>		62
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	Pa			Form 5500-	SF and must instead use Form 55	00.				
		Pa			01111 0000	or and must mistead use roim to	<del> </del>				
nancial Information		Pa	rt III   Financial Information	n							
	Part III   Financial Information			· <del>·</del>		(a) Reginning of Year		(b) End	of Voor		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-			_	`		(D) E110	OI Teal		050
assets		а	Total plan assets		<u>7a</u>	(	)			62	058
100	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year	h	Total plan liabilities								
	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  7a 0 62058		'								
ssets (subtract line 7b from line 7a)	7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a062058bTotal plan liabilities7b00	С	Net plan assets (subtract line 7b from	m line 7a)	7с	(	)			620	058
xpenses, and Transfers for this Plan Year (a) Amount (b) Total	7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a062058bTotal plan liabilities7b00	8	Income, Expenses, and Transfers for	or this Plan Year		(a) Amount		(b) -	Γotal		
	7 Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a Total plan assets     7a     0     62058       b Total plan liabilities     7b     0     0       c Net plan assets (subtract line 7b from line 7a)     7c     0     62058	_	·			(a) Amount		(6)	Otai		
ons received or receivable from:	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets	a			82(1)	49695	5				
10605	7 Plan Assets and Liabilities  a Total plan assets		• • • •				-				
35(7)	7 Plan Assets and Liabilities  a Total plan assets		(2) Participants		8a(2)	12363	3				
35(7)	7 Plan Assets and Liabilities  a Total plan assets		(3) Others (including rollovers)		8a(3)		)				
pants	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets 7a 0 62058 b Total plan liabilities 7b 0 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 0 62058  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 49695 (2) Participants 8a(2) 12363	h	, ,		` '						
pants	7 Plan Assets and Liabilities  a Total plan assets	_	` '				,				050
pants	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets 7a 0 62058 b Total plan liabilities 7b 0 0 0  C Net plan assets (subtract line 7b from line 7a) 7c 0 62058  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 49695 (2) Participants 8a(2) 12363 (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 0	С	, , , , , ,	, ,	<u>8c</u>					620	058
pants	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets 7a 0 62058 b Total plan liabilities 7b 0 0 0  C Net plan assets (subtract line 7b from line 7a) 7c 0 62058  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 49695 (2) Participants 8a(2) 12363 (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 0	d	. \	•	8d						
pants	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a         Total plan assets         0         62058           b         Total plan liabilities         7b         0         0           c         Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:               (1) Employers         8a(1)         49695           (2) Participants         8a(2)         12363           (3) Others (including rollovers)         8a(3)         0           b         Other income (loss)         8b         0           c         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058           d         Benefits paid (including direct rollovers and insurance premiums         62058	_									
pants	7 Plan Assets and Liabilities 7 Total plan assets										
pants	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year  a Total plan assets			,							
pants	7 Plan Assets and Liabilities  a Total plan assets	·	·								0
Pants	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a Total plan assets         7a         0         62058           b Total plan liabilities         7b         0         0           c Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:         (1) Employers         8a(1)         49695           (2) Participants         8a(2)         12363           (3) Others (including rollovers)         8a(3)         0           b Other income (loss)         8b         0           c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058           d Benefits paid (including direct rollovers and insurance premiums to provide benefits)         8d         0           e Certain deemed and/or corrective distributions (see instructions)         8e         0           f Administrative service providers (salaries, fees, commissions)         8f         0           g Other expenses         8g         0	:								62	
Sa(2)   12363   1236	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a Total plan assets         7a         0         62058           b Total plan liabilities         7b         0         0           C Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:         (1) Employers         8a(1)         49695           (2) Participants         8a(2)         12363           (3) Others (including rollovers)         8a(3)         0           b Other income (loss)         8b         0           C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         62058           d Benefits paid (including direct rollovers and insurance premiums to provide benefits)         8d         0           e Certain deemed and/or corrective distributions (see instructions)         8e         0           f Administrative service providers (salaries, fees, commissions)         8f         0           g Other expenses         8g         0           h Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         0	i									
Section   Sect	7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a         Total plan assets         7a         0         62058           b         Total plan liabilities         7b         0         62058           c         Net plan assets (subtract line 7b from line 7a)         7c         0         62058           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:				··ı 8i	i (	)				

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 3D

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

	in the plant provides wellare benefits, enter the applicable wellare reactive codes from the cist of Flant Chara	CtCrist			ic instructi	O113.			
art	V Compliance Questions								
0	During the plan year:		Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete :	Sched	ule SB	(Form	Yes	No X		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver								
	b Enter the minimum required contribution for this plan year								
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 negative amount)		[	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
art	VII Plan Terminations and Transfers of Assets								
 3а	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 of the PBGC?			ntrol 		Yes	s X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to						
1	3c(1) Name of plan(s):		<b>13c(2)</b> EIN(s)				<b>13c(3)</b> PN(s)		
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establi	shed				
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return					ble. a Sc	hedule		
Во	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/s, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	09/22/2010	LILY WONG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/22/2010	LILY WONG
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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 section 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

2009

This Form is Open to Public Inspection.

Pa	art I   Annual Report Identification Information									
For	the calendar plan year 2009 or fiscal plan year beginning	01/01	/2009	and ending	12	/31/2009				
Α -	This return/report is for:	multiple-em	ployer plan (no	t multiemployer)		one-participan	t plan			
В -	This return/report is for: x first return/report	final return/	report							
			•	rt (less than 12 months	3)					
_	님	automatic e	·	it (1000 than 12 months	<i>",</i>	DFVC program	2			
C		automatic e	KIGHSIOH			] DrvC plogram	ı			
	special extension (enter description)									
	Int II Basic Plan Information enter all requested inform	nation.			41					
1a	Name of plan					Three-digit				
	Lily Wong, M.D., P.C. 401(k) Profit Sharing Plan	n				PN) ►	001			
						Effective date of	plan			
2-				01/01/2009						
za	Plan sponsor's name and address (employer, if for single-employer plan Lily Wong, M.D., P.C.	ገ)				Employer Identifice EIN) 03-058				
	nily wong, M.D., F.C.						lephone number			
	800A Fifth Avenue, Suite 503					(212) 588-8900				
IIS	New York NY 10065					Business code (s	ee instructions)			
	Plan administrator's name and address (If same as plan employer, ente	er "Same")				521399 Administrator's E	IN			
	Same									
						Administrator's te	elephone number			
					00 /	ariii iistrator 3 te	repriorie number			
_					41					
4	If the name and/or EIN of the plan sponsor has changed since the last r name, EIN and the plan number from the last return. Sponsor's Name	eturn/repor	t filed for this pl	an, enter the	4b E	-IN				
					4c F	PN				
5a	Total number of participants at the beginning of the plan year $\ . \ .$				<u>5a</u>		3			
b	Total number of participants at the end of the plan year				<u>5b</u>		3			
С	Total number of participants with account balances as of the end of the complete this item)				5c		3			
<u>6a</u>	Were all of the plan's assets during the plan year invested in eligible ass						X Yes No			
b	Are you claiming a waiver of the annual examination and report of an inc	,	•	accountant (IQPA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and o	,					X Yes No			
_	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF ar	nd must instea	d use Form 5500.						
	rt III Financial Information				1					
7	Plan Assets and Liabilities		(a) Be	ginning of Year	_	(b) End o	of Year			
a L	Total plan assets	7a		0	+		62,058			
b	Total plan liabilities	7b		0	+		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		0	+		62,058			
8	Income, Expenses, and Transfers for this Plan Year		(a	a) Amount		(b) T	otal			
а	Contributions received or receivable from:  (1) Employers	8a(1)		49,695						
	(2) Participants	8a(2)		12,363						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		0						
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					62,058			
d	Benefits paid (including direct rollovers and insurance premiums						02,030			
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions) $\ \ . \ \ \ .$	8e		0						
f	Administrative service providers (salaries, fees, commissions) $\ \ . \ \ \ .$	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
i	Net income (loss) (subject line 8h from line 8c)	8i					62,058			
i	Transfers to (from) the plan (see instructions)	8j		0						

		Form 5500-SF (2009)	Pa	ge <b>2-</b>		_				
Pa	rt IV	Plan Characteristics								
9a	If the	plan provides pension benefits, enter the applicable pension feature codes fro	m the List o	of Plan Characteris	tic Co	des in	the ins	structions:		
b	If the	2E 2G 2J 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
		F. Production of the control of the	* 1.0. * \$50.00 LV 150.00 \$5.00 LV 1							
Pa	rt V	Compliance Questions								
10		ring the plan year:				Yes	No	An	nount	<u> </u>
ć	a Wa	as there a failure to transmit to the plan any participant contribution within the ti CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	me period o Program)	lescribed in	10a		х			
ŀ	o We	ere there any nonexempt transactions with any party-in-interest? (Do not include	le transaction	ons reported			x			
	on	line 10a.)			10b					
		as the plan covered by a fidelity bond?			10c		Х			
(		If the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the dishonesty?			10d		х			
(	e w	ere any fees or commisions paid to any brokers, agents, or other persons by a	n insurance	carrier,						
	ins	turance services or other organization that provides some or all of the benefits	under the p	lan? (See	10e		х			
1		s the plan failed to provide any benefit when due under the plan?			10f		х			
,		the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		х			
		his is an individual account plan, was there a blackout period? (See instruction			109		٠,,		Selvin.	
		20.101-3.)			10h		x			
	ex	ton was answered Yes, check the box if you either provided the required notice the box if you either providing the notice applied under 29 CFR 2520.101-3	···		10i					
_		Pension Funding Compliance			0 1		OD /5-			
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes,"	see instruc	tions and complete	Sch	edule :	SB (F0	rm 	Yes	X No
12		this a defined contribution plan subject to the minimum funding requirements o							Yes	X No
	0.900	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	a If a	a waiver of the minimum funding standard for a prior year is being amortized in anting the waiver	this plan ye	ear, see instruction	s, and	l enter	the da	te of the lette	r ruling ear	
1	gra f you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	 00), and ski	ip to line 13.		_	Day			
		ter the minimum required contribution for this plan year					12b			
	C Enter the amount contributed by the employer to the plan for this plan year						12c			
		btract the amount in line 12c from the amount in line 12b. Enter the result (enter-					12d			
		gative amount)				٠ ـ	-200 02	Yes [	No	N/A
	rt VI		idilite: •							
		as a resolution to terminate the plan been adopted during the plan year or any	prior year?						Yes	X No
		Yes," enter the amount of any plan assets that reverted to the employer this ye				[	13a			
	b w	ere all the plan assets distributed to participants or beneficiaries, transferred to	another pla	in, or brought unde	er the	contro	ı			
		the PBGC?				to.			Yes	X No
33		nich assets or liabilities were transferred. (See instructions.)	another pla	n(s), identity the pr	dii(3)				,	
	13c(	1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3)	PN(s)
_										
Cau	ution:	A penalty for the late or incomplete filing of this return/report will be asso	essed unles	ss reasonable cau	ıse is	estal	olished	l.		
Und	der per	nalties of perjury and other penalties set forth in the instructions, I declare that	I have exam	nined this return/re	port, i	ncludi	ng, if a	pplicable, a S	chedule	
		rue, correct, and complete.	nic version	or this return/repor	i, and	to the	best 0	n my knowled	ge and	
S	IGN	July Wey 8/2	3/10	Lily Wong						
100	ERE	Signature of plan administrator Date		Enter name of inc	lividua	al sign	ing as	plan administ	rator	
S	IGN	/ Giy Word 18/2	3/10	Lily Wong						
75.34	HERE   Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor							or		