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.

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		Identification Information			10/01/1			
For	calendar plan year 2009 or f		_	and ending	12/31/2	2009		
Α	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	int plan	
В	This return/report is for:	first return/report	final return	n/report				
		an amended return/report	short plan	year return/report (less than 12 r	nonths)			
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter desc	ription)					
Pa	art II Basic Plan Info	ormation—enter all requested inf	formation					
	Name of plan				1b	Three-digit		
INM	ONG CHOI D.D.S., PLLC RE	TIREMENT PLAN				plan number (PN) ▶	001	
					1c	Effective date o	l f plan	
						01/01/2		
		ddress (employer, if for single-emplo	oyer plan)		2b	Employer Identi		
INM	ONG CHOI D.D.S., PLLC				20	(EIN) 20-247		
358	5TH AVENUE, SUITE 1107				20	212-94	telephone number 7-5863	
	YORK, NY 10001				2d	Business code ((see instructions)	
	Di litta di l		. "0	•••	26	621210		
	Plan administrator's name a DNG CHOI D.D.S., PLLC	and address (if same as Plan sponso 358 5TH	or, enter "Same AVENUE, SUI		30	Administrator's 20-247		
		NEWYO	RK, NY 10001		3с		telephone number	
					-	212-94	7-5863	
		plan sponsor has changed since the plan sponsor has changed since the plan sponsor. Sponsor		port filed for this plan, enter the	4b	EIN		
	, —, , —, , —, , , , , , , , , , , , ,				4c	PN		
5a	Total number of participants	s at the beginning of the plan year			5a		3	
b	Total number of participants	s at the end of the plan year			5b			
С		s with account balances as of the er	. ,	•	-		4	
	• •						Yes No	
оа b		ts during the plan year invested in e of the annual examination and repor	· ·	,			X Yes No	
		6? (See instructions on waiver eligib					X Yes No	
		either 6a or 6b, the plan cannot us	se Form 5500-	SF and must instead use Form	5500.			
	rt III Financial Infor	mation						
7	Plan Assets and Liabilities		_	(a) Beginning of Year	.00	(b) End	of Year	
a h	•				506		507	
C		ne 7b from line 7a)			506		507	
<u>c</u>	Income, Expenses, and Tra	,	7с		000	(h) 7		
a	Contributions received or re			(a) Amount		(0)	<u>Fotal</u>	
_			8a(1)					
	(2) Participants		8a(2)					
	(3) Others (including rollov	ers)	8a(3)					
b	Other income (loss)		8b		1			
C		1), 8a(2), 8a(3), and 8b)					1	
d		ect rollovers and insurance premium						
е		rective distributions (see instructions						
f		iders (salaries, fees, commissions).	<i>'</i>					
~	· .							
u			- 5					
g h	Total expenses (add lines 8	3d, 8e, 8f, and 8g)	8h					
	, ,	8d, 8e, 8f, and 8g)line 8h from line 8c)					1	

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Part IV	Plan	Charact	teristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 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:

art	V Compliance Questions								
0	During the plan year:		Yes	No		Ar	nount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
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	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					[Yes	X No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?	. [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 instruct granting the waiver. Montly ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year			12b					
	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?		<u></u>				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 u of the PBGC?	nder 	the co	ntrol 		[Yes	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.)	e plar	n(s) to						
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)	
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable								
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/respectively. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/respectively, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	NELSON YEUNG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2010	NELSON YEUNG
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

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

	irt Annual Report Identification Information				
For	Odichaar plan jour 2000 or licear plan jour beginning	01/2009	and ending	12/31/20	009
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report	final retur	n/report	_	
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	automatic	extension	Γ	DFVC program
	special extension (enter de	□		L.	
D.		<u> </u>			
	it Basic Plan Information—enter all requested Name of plan	I IIIOIIIIauon		1h	Three-digit
	Name of plan DNG CHOLD.D.S., PLLC RETIREMENT PLAN			1	plan number
	, , , , , , , , , , , , , , , , , , , ,				(PN) ▶ 001
				1c i	Effective date of plan
				2h .	01/01/2007
	Plan sponsor's name and address (employer, if for single-er DNG CHOLD.D.S., PLLC	nployer plan)		1	Employer Identification Number EIN) 20-2473683
HAIAIC	ING CHO! D.D.G., FLEG				Plan sponsor's telephone number
	STH AVENUE, SUITE 1107				212-947-5863
NEW	YORK, NY 10001			2d I	Business code (see instructions)
2-	Division of address (if some as Display	and antar "Came	,,,,,	36	621210 Administrator's EIN
	Plan administrator's name and address (if same as Plan spo DNG CHOI D.D.S., PLLC 358 5	TH AVENUE, SU		J 515 /	20-2473683
	NEW	YORK, NY 10001		3c /	Administrator's telephone number
				ļ. <u></u>	212-947-5863
	f the name and/or EIN of the ptan sponsor has changed sinc name, EIN, and the plan number from the last return/report.		port filed for this plan, enter the	4b	EIN
	tame, Env, and the plan hamber from the last retains eport.	oponiosi s namo		4c	PN
5a	Total number of participants at the beginning of the plan year	эг		5a	3
b	Total number of participants at the end of the plan year			5b	3
С	Total number of participants with account balances as of the	e end of the plan y	ear (defined benefit plans do not		
	complete this item)			5c	
_	Were all of the plan's assets during the plan year invested				X Yes No
b	Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver el	port of an indeper	ident qualified public accountant (iG	(PA)	X Yes No
	If you answered "No" to either 6a or 6b, the plan canno				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	50	6	507
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	50	6	507
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from:				
	(1) Employers				
	(2) Participants	1		-	
	(3) Others (including rollovers)	F		1	
b	Other income (loss)			Jacob New	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1		71717 71717	A Company of the Comp
d	Benefits paid (including direct rollovers and insurance prem to provide benefits)				
е	Certain deemed and/or corrective distributions (see instruct				
f	Administrative service providers (salaries, fees, commission	-			
g	Other expenses	·			
ម h	Total expenses (add lines 8d, 8e, 8f, and 8g)				
	, a.a. a.banaaa (aaaaa aa) ah ah ah aa aa)	}	to the second of the second of the second		4
i	Net income (loss) (subtract line 8h from line 8c)	8i			1
i i i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)				

Sage	2-	1

Dart 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: 2F 2G 2J 3D

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Pro		ı	х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include tra on line 10a.))	Х				
С	Was the plan covered by a fidelity bond?	100	:	Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that wa or dishonesty?	as caused by fraud	1	Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an instructions service or other organization that provides some or all of the benefits under instructions.)	surance carrier, the plan? (See		х				
f	Has the plan failed to provide any benefit when due under the plan?	101		Х			·	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 2520.101-3.)		1	Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or exceptions to providing the notice applied under 29 CFR 2520.101-3			Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see 5500))	instructions and complete	Sched	ule SE	(Form	Yes	× No	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),		[12b				
b	Enter the minimum required contribution for this plan year.			120				
c d	Enter the amount contributed by the employer to the plan for this plan year	ninus sign to the left of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline				Yes	No	N/A	
Part								
<u> </u>	Has a resolution to terminate the plan been adopted during the plan year or any prior	/ear?		,,		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		her plan, or brought unde	er the co	ntrol		Yes	× No	
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	ner plan(s), identify the p	an(s) to	1				
1	3c(1) Name of plan(s):		13c(2) EiN(s) 13c(3) P) PN(s)		
						-		
Caul	ion: A penalty for the late or incomplete filing of this return/report will be assess	ed uniess reasonable c	ause is	est <u>ab</u>	lished.			
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I hat r Schedule MB completed and signed by an enrolled actuary, as well as the electronic f, it is true, correct, and complete.	ve examined this return/r	eport, ir	ncludin	g, if applica	ible, a Sch knowledge	nedule e and	
SIG							,	
HER		Enter name of indivi	dual sig	ning a	s plan admi	inistrator		
SIG		P			- amarinus -	or plan	nanos.	
HER	Signature of employer/plan sponsor Date	Enter name of indivi	auai <u>sig</u>	ning a	s employer	or plan st	JUNSUI	