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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α.	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В -	This return/report is for:	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description				
Pa	Int II Basic Plan Information—enter all requested information				
	Name of plan	ttiOi i		1b	Three-digit
	ONG CHOI D.D.S., PLLC RETIREMENT PLAN				plan number 001
					(PN) ▶
				1c	Effective date of plan 01/01/2007
22	Plan sponsor's name and address (employer, if for single-employer)	olan)		2h	Employer Identification Number
	NG CHOI D.D.S., PLLC	piai i)			(EIN) 20-2473683
				2c	Plan sponsor's telephone number
	TH AVENUE, SUITE 1107 YORK, NY 10001			0-1	212-947-5863
				2a	Business code (see instructions) 621210
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	e")	3b	Administrator's EIN
INMC	ONG CHOI D.D.S., PLLC 358 5TH AVE NEW YORK, I	NUE, SU NY 10001	ITE 1107		20-2473683
				3с	Administrator's telephone number 212-947-5863
4 1	the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sponsor		port mod for the plant, officer the		
				4c	
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	0
С	Total number of participants with account balances as of the end of		•	. 5c	0
	complete this item)			- 1	
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a		,		
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year	\ -	(b) End of Year
	Total plan assets	7a	50)/	0
b	Total plan liabilities	7b	-) 7	0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	50)/	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			0
d	Benefits paid (including direct rollovers and insurance premiums		-		
	to provide benefits)	8d	50)/	
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			507
į	Net income (loss) (subtract line 8h from line 8c)	8i			-507
ĺ	Transfers to (from) the plan (see instructions)	Ωi			

F	Form 5500-SF 2010	Page 2-
Part IV	Plan Characteristics	
Oo If tho	plan provides pension benefits	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

10	V Compliance Questions							
	During the plan year:		Yes	No		Am	ount	
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		X				
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		X				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of I	ERISA?	[Yes	X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ıth						
lf y	granting the waiver	ith		Day .				
lf y b	granting the waiver	ith	 [Day .				
lf y b C	granting the waiver	ith	 [Day .				
lf y b C	granting the waiver	of a	 [Day .				
lf y b c d	granting the waiver	of a	 [[Day		_ Yea		
lf y b c d	granting the waiver	of a	 [[Day		_ Yea	ar	
b c d e Part	granting the waiver	of a		12b 12c 12d		_ Yea	ar	
b c d e Part	granting the waiver	of a	[12b 12c 12d		_ Yea	No [] N//
lf y b c d e Part 13a	granting the waiver	of a		12b 12c 12d 13a		_ Yea	No [] N//
lf y b c d e Part 13a	granting the waiver	of a		12b 12c 12d		_ Yea	No Yes] N//
lf y b c d e Part 13a b	granting the waiver	of a	the co	12b 12c 12d	Yes	_ Yea	No Yes	N//
lf y b c d e Part 13a b	granting the waiver	of a	the co	12b 12c 12d 13a	Yes	_ Yea	No Yes	N//
b c d Part 13a b c	granting the waiver	of a under	the co	12b 12c 12d 13a	Yes	_ Yea	No Yes	N//

SIGN	Filed with authorized/valid electronic signature.	06/28/2011	INMONG CHOI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/28/2011	INMONG CHOI
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

2010

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information						
For	the calendar plan year 2010 o	or fiscal plan year beginning	01/01	/2010	and ending	12/	/31/2010	
Α.	This return/report is for:	x single-employer plan	multiple-em	nployer plan (n	ot multiemployer)	Г	one-participant plan	
	This return/report is for:	first return/report	final return/	report		_		
_	The fetality oper to lot.	an amended return/report	=	•	ort (less than 12 mont	hs)		
_		Form 5558	automatic e		511 (1555 tildir 12 111511	····,	DFVC program	
C	Check box if filing under:	片		SALCHSION		L	Di vo program	
		special extension (enter description					·	_
_		ormation enter all requested info	ormation.			41		
1a	Name of plan						hree-digit Ian number	
	Inmong Choi D.D.S.,	Pllc Retirement Plan					PN) ▶ 001	
							Effective date of plan	
						 	01/01/2007	
2a	Plan sponsor's name and add Inmong Choi D.D.S.,	dress (employer, if for single-employer)	pian)				Employer Identification Number EIN) 20-2473683	
	Timong Chor D.D.S.,						Plan sponsor's telephone number	-
	358 5th Avenue, Suit	te 1107					(212) 947-5863	_
US	New York	NY 10001				1	Business code (see instructions) 521210	
3a		d address (If same as plan employer, e	enter "Same")				Administrator's EIN	
	Same	, , , , , , , , , , , , , , , , , , , ,						
						3c A	Administrator's telephone number	_
							·	
4	If the name and/or FIN of the	plan sponsor has changed since the la	et return/ren/	ort filed for this	nlan enter the	4b E	- IN	_
~		ber from the last return/report. Sponsor		on med for time	plan, enter the			
						4c F		_
	• •	at the beginning of the plan year				5a 5b	3 0	_
b		at the end of the plan year with account balances as of the end of				30	· · · · · · · · · · · · · · · · · · ·	_
·	• •	with account parameter as of the chief				5c	0	
		during the plan year invested in eligible					XYes No	
b		the annual examination and report of a					X Yes No	
		(See instructions on waiver eligibility a her 6a or 6b, the plan cannot use For			ead use Form 5500.		<u>A</u> res ino	
D.	rt III Financial Infor						•	-
7	Plan Assets and Liabilities	ination .		(a) B	eginning of Year		(b) End of Year	_
a	Total plan assets		. 7a	(4) -	507		0	_
b	Total plan liabilities		7b					_
		7h from line 7o)	·	<u></u>	507		0	
<u>_c</u>	Net plan assets (subtract line		. 7c			 	(b) Total	_
8	Income, Expenses, and Trans Contributions received or received				(a) Amount		(b) Total	
а	(1) Employers		. 8a(1)				arang mengangan panggalangan dalah dal Menganggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalangg	
	(2) Participants		. 8a(2)				Barra Property and States	STATES
	(3) Others (including rollover	rs)	. 8a(3)					
þ	Other income (loss)		. 8b					
С	Total income(add lines 8a(1),		. 8c				0	
d		t rollovers and insurance premiums						
	to provide benefits)		• 8d		507	-		
e		ctive distributions (see instructions) .	. 8e			-		8000
f		ers (salaries, fees, commissions)	. 8f					
g	Other expenses		- 8g					GH.
h	Total expenses (add lines 8d	8e, 8f, and 8g)	. 8h				507	
į	Net income (loss) (subject lin	e 8h from line 8c)	. 8i				(507)	<i>.</i>
j	Transfers to (from) the plan (see instructions)	. 8j					

Part VI 10 During 3 Vag 4 Divide on 1 C Wa di Divide on 1 C William on 1 C Wan	plan provides pension benefits, enter the applicable pension feat 2F 2G 27 3p plan provides welfere benefits, enter the applicable welfere feature plan provides welfere benefits, enter the applicable welfere feature plan provides welfere benefits, enter the applicable welfere feature of the plan provides welfere feature for the plan any participant contribution of the plan and DOL's Voluntary Fiduciar to there arry nenexempt transactions with any party-in-interest? (I line 10a.) In the plan covered by a fidelity bond? If the plan have a loss, whether or not reimbursed by the plan's fidelity benefit plan have a loss, whether or not reimbursed by the plan's fidelity plan have any feat or organization that provides some or all of muchons; If the plan have any participant losins? (If "Yes," enter amount as or is a principal account plan, was there a blackout period? (Se 0.101-3.) The was answered "Yes," check the box if you other provided the reptions to providing the notice applied under 29 CFR 2020 101-3. Pension Funding Compliance	on within the time by Correction Price not include to delity bond, that is delity that is delity (I' "Yes," set quirements of set ale.)	re List of Plan Cha reperiod described ogram) rensactions report was caused by fran surence carrier, for the plan? (See or one of the	106 109 100 100 100 100 100 100 100 100 100	Yes h	he instruction	Amount	as END
Fart V 10 During 3 Van 4 During 5 Van 6 During 6 Van 6 During 7 Ham 9 During 1 Ham	plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare feature. Compliance Questions ing the plan year: In there a fallure to treasmit to the plan proventiopent contribution of there are no necessary treasactions and DQL's Voluntary Fiduciar to there are no necessary transactions and DQL's Voluntary Fiduciar to there are no necessary transactions with any party-in-interest? (If the plan covered by a fidality bond? If the plan covered by a fidality bond? If the plan have a loss, whether or not reimbursed by the plan's fide listonesty? If any fees or commissions paid to any brokers, agents, or other premie services or other organization that provides some or all of functions.) If the plan falled to provide any benefit when due under the plan? The plan have any participant losins? (If "Yes," enter amount as one is (a an individual account plan, was there a blackout period? (Se to 101-3.) The was answered "Yes," check the how if you either provided the replicate to providing the notice applied under 29 CFR 2020.101-3. Pension Funding Compliance Its a defined contribution plan subject to the minimum funding requirement of the minimum funding requirement of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a waiver of the minimum funding standard for a prior year is being a stand	on within the time by Correction Price not include to delity bond, that is delity that is delity (I' "Yes," set quirements of set ale.)	re List of Plan Cha reperiod described ogram) rensactions report was caused by fran surence carrier, for the plan? (See or one of the	106 109 100 100 100 100 100 100 100 100 100	Yes h	he instruction	Amount	
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b We en c We en c We en c We en d Dw or c e We instant f Hen g Did h Hen h Hen h Hen g Did h Hen h H	CIFR 2510 3-1027 (See instructions and DQL's Voluntary Fiducian to there any nenexempt transactions with any party-in-interest? (I line 10a.) so the plan covered by a fidality bond? the plan covered by a fidality bond? the plan have a loss, whether or not reimbursed by the plan's fide lishonesty? The any fees or commissions paid to any brokers, agents, or other parance services or other organization that provides some or all of cuctions.) The plan failed to provide any benefit when due under the plan? the plan have any participant loans? (If "Yes," enter amount as o is (a an individual account plan, was there a blackout period? (See 0.101-3.) The was answered "Yes," check the box if you of the provided the replicins to providing the notice applied under 29 CFR 2020-101-3. Pension Funding Compliance Its a defined contribution plan subject to the minimum funding requirement 0). Yes," complete 12e or 126, 12c, 12d, and "2e below, as applicable waiver of the minimum funding standard for a prior year to be increase.	ry Correction Profito not include to tellity bond, that is personal by an implied benefits under the benefits under the benefits and required notice to the personal of second notice to the personal of second notice to the personal of second notice to the personal notice to t	ogram) reneactione report was caused by free surence certier, ter the plan? (See or one of the	10e 10g	hadute \$	X X X X X X X X X X X X X X X X X X X		
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C We instant in the i	re any fees or commisions paid to any brokers, agents, or other pirance services or other organization that provides some or all of ructions.) The plan failed to provide any benefit when due under the plan? the plan have any participant loans? (If "Yes," enter amount as o is to an individual account plan, was there a blackout period? (Se 0 101-3.) The was answored "Yes," check the box if you either provided the replicins to providing the notice applied under 29 CFR 2020.101-3. Pension Funding Compliance Its a defined benefit plan subject to minimum funding requirement of the minimum funding requirement of the minimum funding requirement to the minimum funding requirement of the minimum funding requirement to the minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding	persons by an in the benefits und of year end.) to instructions a required notice of the? (If "Yes," see quirements of see the.)	surence cerrier, the the plan? (See and 29 GFR or one of the	106 106 107 108 108 108 109	hadule S	x x x		
Fart VIII	irance services or other organization that provides some or all of curtions.) The plan failed to provide any benefit when due under the plan? the plan have any participant loans? (If "Yes," enter amount as o is is an individual account plan, was there a blackout period? (Se 0 101-3.) The was answered "Yes," check the hox if you either provided their epitions to providing the notice applied under 29 GFR 2020 101-3. Pension Funding Compliance Its a defined benefit plan subject to minimum funding requirement 0): Its a defined contribution plan subject to the minimum funding requirement 0): Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a	the benefits und of year end) co instructions at required notice of the contractions at the contractions	or the plan? (See and 29 CFR or one of the	106 107 108 108 101 101	hadule \$	x x		
g Did h Irih 252 i Iric Part VII 11 Is Ir 350 12 Is Ir Ir you as b Eath c Ithte d Sub near e Wit Part VIII 13a Has	the plan have any participant loans? (If "Yes," enter amount as o is to an individual account plan, was there a blackout period? (Se 0 101-3.) In was answered "Yes," check the hox if you either provided the replicins to providing the notice applied under 29 CFR 2020.101-3 Pension Funding Compliance. Be a defined benefit plan subject to minimum funding requirement (b). It is a defined contribution plan subject to the minimum funding requirement (c).	of year end) co instructions at required notice of the? (If "Yes," set quirements of set	nd 29 CFR or one of the	10g	hadute S	x x		
H IIIII 262 I II 10 EXST PAPE VII 11 Is III 1350 12 Is II 10 EXIT VIII 14 Is III 15 Is III 16 III 17 Is III 18 II II 18	is in an individual account plan, was there a blackout period? (Se 0.161-3.) In was answered "Yes," check the hox if you either provided the replions to providing the notice applied under 29 GFR 2020-101-3. Pension Funding Compliance Its a defined benefit plan subject to minimum funding requirement 0). Its a defined contribution plan subject to the minimum funding requirement of the minimum funding standard for a prior year is being a	ed Instructions and required notice of the state of the s	nd 29 CFR or one of the	ion	hadute 5	x Form		
Part VIII Butter Take the transport of transp	0.104-3.) In was answered "Yes," check the box if you either provided the replions to providing the notice applied under 29 CFR 2020-104-3 Pension Funding Compliance Its a defined benefit plan subject to minimum funding requirement 0): Its a defined contribution plan subject to the minimum funding req Yes," complete 12e or 126, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year to being a	required notice of the state of second of seco	or one of the	. 10h	hadule S	B (Form		
Part VII 11 Is it is 11	eptions to providing the notice applied under 29 GFR 2020-101-2 Pension Funding Compliance lis a defined benefit plan subject to minimum funding requirement 0): lis a defined contribution plan subject to the minimum funding req Yes," complete 12e or 126, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year to being a	nte? (I' "Yes," see quirements of se	e Ingricological	complete Sa		B (Form		
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