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

2010

This Form is Open to Public Inspection

	Complete all entries in accor	dance wit	h the instructions to the Form 5500)-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 02/01/201	0	and ending 0	1/31/2	2011
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В .	This return/report is for: first return/report	final retur	n/report		_
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	automatio	extension		DFVC program
	special extension (enter description	on)			
Pa	rt II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
YAT	TING MOY MD PC PROFIT SHARING TRUST				plan number 002
				4 -	(PN) ▶
				1C	Effective date of plan 02/01/1972
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
	TING MOY MD, PC	,,			(EIN) 13-2709252
140 N	IASSAU STREET, APT 2B			2c	Plan sponsor's telephone number 212-966-0471
	YORK, NY 10038			2d	Business code (see instructions)
					621111
3a	Plan administrator's name and address (if same as Plan sponsor, e TING MOY MD, PC	nter "Same	e") APT 2B	3b	Administrator's EIN 13-2709252
IAI	NEW YORK,			30	Administrator's telephone number
				30	212-966-0471
	the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	2
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 end o		:	35	
	complete this item)			5c	2
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQI	PA)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	2259702		2681847
b	Total plan liabilities	. 7b			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	2259702	•	2681847
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-(4)			
	(1) Employers	. 8a(1)		-	
	(2) Participants	` ` `		┥	
b	(3) Others (including rollovers) Other income (loss)	` '	537145	-	
	,				537145
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>oc</u>			
-	to provide benefits)	. 8d	115000		
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			115000
į	Net income (loss) (subtract line 8h from line 8c)				422145
j	Transfers to (from) the plan (see instructions)	. 8i			

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Part IV	Dian	(`haract	Orietics
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SIGN HERE

Signature of employer/plan sponsor

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

D		e plan provides welfare benefits, enter the applicable welfare teatu	iic codes nom the L		Otorio		203 111 0	ine instructio		
Part	V	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	Δ	mount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				90000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е	insı	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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	vear end.)		10g		X			
•		is is an individual account plan, was there a blackout period? (See			iug		V			
		20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
	grai	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rulii 'ear	-
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	,	•		Г	40h			
		er the minimum required contribution for this plan year				T	12b			
		er the amount contributed by the employer to the plan for this plan	•			⊢	12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)				_	12d		1	1
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets							_	n=1
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, transe PBGC?							Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			1	
1:	3c(1) Name of plan(s):				130	c(2) EI	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	ise is	establ	ished.	1	
Under SB or	r per Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicab		
SIGN	, F	iled with authorized/valid electronic signature.	1/14/2011	YAT TING MOY N	MD					
HERI	E	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan admin	istrator	

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

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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in acco	rdance with	the instructions to the Form 550	O-SF.	<u> </u>	
	art I Annual Report Identification Information				01/01/001	
For	calendar plan year 2010 or fiscal plan year beginning	02/01/20	010 and ending		01/31/201	
Δ.	This return/report is for: Single-employer plan	multiple-er	nployer plan (not multiemployer)	[one-participa	nt plan
	This return/report is for:	final return	/report			
	an amended return/report	_3	year return/report (less than 12 mo	nths)		
_	님	automatic		-	DFVC progra	m
C	Dileck box it tilling drides.	ا.	CALCITION	ı		
	special extension (enter descript					
Pa	rt II Basic Plan Information—enter all requested inform	nation		1h	Throo digit	
1a	Name of plan				Three-digit plan number	
	YAT TING MOY MD PC PROFIT SHARING TRUST				(PN) ▶	002
				1c	Effective date of	f plan
					02/01/197	2
2a	Plan sponsor's name and address (employer, if for single-employer YAT TING MOY MD, PC	er plan)				fication Number
	YAT TING MOY MD, PC				(EIN) 13-270	
				2C	(212) 966-	telephone number
	140 NASSAU STREET, APT 2B			2d		(see instructions)
	NEW YORK		NY 10038		621111	,
	Plan administrator's name and address (if same as Plan sponsor,	enter "Same		3b	Administrator's	EIN
	SAME					
				3C	Administrator's	telephone number
_	f the name and/or EIN of the plan sponsor has changed since the l	loot roturn/ro	port filed for this plan, enter the	4b	FIN	
4	name, EIN, and the plan number from the last return/report. Spons	sor's name	port med for this plant, officer the	170		
	name, and the plant in the second of the sec			4c	PN	
5a	Total number of participants at the beginning of the plan year	•••••		5a		2
b	Total number of participants at the end of the plan year			5b		3
C	Total number of participants with account balances as of the end	of the plan y	ear (defined benefit plans do not			2
	complete this item)			5c		2
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report	of an indepe	ndent qualified public accountant (l	QPA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use	y and conditi Form 5500-	SF and must instead use Form 5	500.	•••••	
D.	art III Financial Information	1 01111 0000	Of and made models			
	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	d of Year
7	Total plan assets	7a	2,259,7	02		2,681,847
a	•					
b	•		2,259,7	02		2,681,847
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount		(b)	Total
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(5)	
а	(1) Employers	8a(1)				
	(2) Participants					
	(3) Others (including rollovers)					
			537,1	45		Parkati in deligi
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	———				537,145
C C				.0184.38 (2.5) (2.5)		
d	to provide benefits)	8d	115,0	00	装档多套。	선생님이 그를
е	and the state of t	1				
f	Administrative service providers (salaries, fees, commissions)			J.A.		
	Other expenses	Į.		Se Val		
9						115,000
n :	•					422,145
!	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					
	CLASSECS OF BUILDING DIGHT (SCC HISBUUDDO)	321		10.0		

Form		

BIGN

HERE

Signature of employer/plan sponsor

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П	2		
Page	Z *{		

9a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char							
				1W2 :::	the mat	11,1,1,1,10	15.	
10	Compliance Questions	- ···						
10	Ouring the plan year:		Yes	No		A	mour	ı i
•	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	16.3		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	106		X				
Ċ	Was the plan covered by a fidelity bond?	10c	y					00.00
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or disnonesty?	100	· <u>}</u>			********		90,00
e	Ware 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.)	100						
f	Has the plan failed to provide any benefit when due under the plan?	101		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		_ 			*****	
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	.,	X		% 1		T TO A
1	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	101				1(1)		
- (- 1 - 1 - 1	Pension Funding Compliance	-la-vaind			and the state of t	<u> </u>	SHOP	A A CASA
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con-	pleta	5⊆hed	ule SB	/E			
12	1s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code				· ······	.,		95 X No
i2 a		e or sections,	ction 3	02 of I	RISA?	of the	letter	s M No
12 a If y	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.	ctions,	ction 3	02 of I	RISA?	of the	letter	s M No
i2 a ify b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 8500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	etions,	and e	nter th	RISA?	of the	letter	s M No
a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 8500), and skip to line 13. Enter the minimum required contribution for this plan year.	ctions, ith	ction 3	nter the Day	RISA?	of the	letter	s M No
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a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).	ctions, with	end e	02 of I oter th Day 12b 12c 12d	ERISA?	of the Y	letter	ruling
a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, ith	end e	102 of 1 oter th Day 12b 12c 12d	ERISA?	of the Y	letter	ruling
a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the amployer this year.	ctions,	and e	12b 12c 12d	ERISA?	of the Y	letter	ruling N/A
a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?.	ctions, of a	and e	12b 12c 12d	ERISA?	of the Y	letter sår	ruling N/A
a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	ctions, of a	and e	12b 12c 12d	ERISA?	of the Y	letter sår	os X No
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a if y b c d e	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreover of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreover of the minimum funding standard for a prior year is being amortized in this plan year, and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich essets or liabilities were transferred. (See Instructions.)	ctions, of a	and e	12b 12c 12d 13a ntrof	e date	of the Y	letter sar	ruling N/A 35 M No
a if y b c d e la	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Moreover of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreover of the minimum funding standard for a prior year is being amortized in this plan year, and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich essets or liabilities were transferred. (See Instructions.)	ctions, with	and e	oter the Day 12b 12c 12d	PISA?	of the Yo	Yeletter sar	N/A N/A N/A N/A N/A N/A N/A N/A
a if y b c d e la	It this a defined contribution plan subject to the minimum funding requirements of section 412 of the Codi (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 instruganting the waiver. Moreover of the minimum funding standard for a prior year is being amortized in this plan year, see instructions that is plan to this plan year. Moreover of the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). With the minimum funding amount reported on line 12d be met by the funding deadline?. Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twich assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): Den: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonate penalties of perjury and other panalties set forth in the instructions, I declare that I have examined this ret Schedule MB Completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	ctions, of a under the place cau urn/report	the con(s) to	oter the Day 12b 12c 12d	PISA?	of the Yo	Yeletter sar	N/A N/A N/A N/A N/A N/A N/A N/A

Date

Enter name of individual signing as employer or plan sponsor