## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number LILY WONG, M.D., P.C. 401(K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LILY WONG, M.D., P.C. 03-0588829 (EIN) 2c Sponsor's telephone number 212-588-8900 800A FIFTH AVENUE, SUITE 503 NEW YORK, NY 10065 2d Business code (see instructions) 621399 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 800A FIFTH AVENUE. SUITE 503 LILY WONG, M.D., P.C. NEW YORK, NY 10065 **3c** Administrator's telephone number 212-588-8900 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 113550 139062 Total plan assets..... 7a n 7b Total plan liabilities..... 113550 139062 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 20000 8a(1) (1) Employers ..... 17726 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -12214 **b** Other income (loss)..... 8b 25512 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 25512 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

Form	5500-	SF	201

Da = 4 IV/	Diam	Charas	::
Part IV	Plan	Charac	teristics

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

		Yes	No		۸۰	nount	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in						ilouiit	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			Х				
on line 10a.)	10b		^				
Was the plan covered by a fidelity bond?	10c		X				
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor							
is this a defined benefit plan subject to minimum funding requirements? (If Tes, See instructions and cor	npiete i	Sched	ule SE	3 (Form		_	
5500))	•			•		Yes	ᆂ
5500))	······			······		Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		_	ᆂ
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se		 302 of	ERISA?	[	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.	e or se	ction 3	302 of	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreov you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	ction 3	302 of	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 better the minimum required contribution for this plan year.	e or se	and e	nter th	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se	and e	302 of Inter the Day	ERISA?	 ? [ of the	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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)	e or se  uctions,  nth  t of a	and e	12b 12c	ERISA?	?   [	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se  uctions,  nth  t of a	and e	12b 12c	ERISA?	?   [	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 in 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?	e or se	and e	12b 12c	ERISA?	of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moryou 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?  It VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	e or se	and e	12b 12c	ERISA?	?   [	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreovou 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?  Will Plan Terminations and Transfers of Assets  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or se	and e	12b 12c 12d	ERISA?	of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreovou 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?  It VII Plan Terminations and Transfers of Assets  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?	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA?	of the Ye	Yes	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moreovou 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?  It VII Plan Terminations and Transfers of Assets  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?	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA?	of the Ye	Yes letter rear	s X  ulling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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.  Moyou 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?  It VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan 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 which assets or liabilities were transferred. (See instructions.)	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA?  ie date  Yes  Yes	of the Ye	Yes	S X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA?  ie date  Yes  Yes	of the Ye	Yes	s X

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/17/2012	LILY WONG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/17/2012	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

## 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For the calendar plan year 2011 or fiscal plan year beginning 12/31/2011 01/01/2011 and ending a multiple-employer plan (not multiemployer) A This return/report is for: a single-employer plan a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information. 1b Three-digit 1a Name of plan plan number Lily Wong, M.D., P.C. 401(k) Profit Sharing Plan 001 (PN) ▶ 1c Effective date of plan 01/01/2009 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number Lily Wong, M.D., P.C. (EIN) 03-0588829 2c Plan sponsor's telephone number (212) 588-8900 800A Fifth Avenue, Suite 503 2d Business code (see instructions) 621399 US New York Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number 4b EIN 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. 4c PN Sponsor's Name 5a 5a Total number of participants at the beginning of the plan year . . . . . . 3 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities Total plan assets . 7a 139,062 113,550 Total plan liabilities 7b 0 0 Net plan assets (subtract line 7b from line 7a) 113,550 139,062 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 20,000 (1) Employers . . . . . 8a(1) 17,726 8a(2) (2) Participants (3) Others (including rollovers). 8a(3) Other income (loss) . . . (12, 214)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . . . 25,512 Benefits paid (including direct rollovers and insurance premiums 0 8d 0 Certain deemed and/or corrective distributions (see instructions) 8e 0 Administrative service providers (salaries, fees, commissions) . 8f 0 Other expenses . . . . . 8g Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h 0 25,512 Net income (loss) (subtract line 8h from line 8c). 8i 0

Transfers to (from) the plan (see instructions)

Part	IV Plan Characteristics							
9a 1	the plan provides pension benefits, enter the applicable pension feature	ire codes from the Lis	t of Plan Characteris	tic C	odes	in the i	nstructions:	
• 550	2A 2E 2G 2J 3D		-f Di Characteriali	- 0-	des la	. Alam Ins	ata etiana.	
b	the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characteristi	00	ues ii	i the in	Structions.	
_	)							
Par	V Compliance Questions				Yes	No	Λm	ount
10	During the plan year:			-	res	NO	AIII	ount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	is within the time peri	od described in	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (C	Do not include transac	ctions reported					
	on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide							
u	or dishonesty?			10d		Х		
е	Were any fees or commisions paid to any brokers, agents, or other page 1	ersons by an insuran	ce carrier					
C	insurance services or other organization that provides some or all of	the benefits under the	plan? (See			x	Į.	
	instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		х		
h	If this is an individual account plan, was there a blackout period? (Se			_				
	2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided the r	required notice or one	of the					
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
	VI Pension Funding Compliance					510 10		
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see inst	ructions and complet	e Scl	nedul	e SB (F	Form	Yes X No
40	5500))		412 of the Code or o	o otio		of ED	1673	
12	Is this a defined contribution plan subject to the minimum funding red	quirements of section	412 of the Code of s	ectio	11 302	OIER	ISA!	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in this plan	year, see instruction	is, an h	a ent	er the (	date of the lett	er ruling ear
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	skip to line 13.	12-		Du,		
b	Enter the minimum required contribution for this plan year				. [	12b		
1000	Enter the amount contributed by the employer to the plan for this plan					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the							
u	negative amount)					12d		
Р	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No N/A
TITLE TO SERVICE	VII Plan Terminations and Transfers of Assets							
9-20		-2		(9) 125	1957 AS	00 .00 100		Yes X No
ısa	Has a resolution to terminate the plan been adopted in any prior year If "Yes," enter the amount of any plan assets that reverted to the emp			٠	Ţ	13a	<u> </u>	The special control of
-					-			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another						Yes X No
С	If during this plan year, any assets or liabilities were transferred from							
10.00	which assets or liabilities were transferred. (See instructions.)	- 11:K 64:		13. 5				
	3c(1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonable cau	ıse is	sesta	blishe	ed.	
	penalties of perjury and other penalties set forth in the instructions, I c							Schedule
SB or	Schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	n of this return/repor	t, and	d to th	ne best	of my knowle	dge and
belief,	it is true, correct, and complete.	1.21	T					
SIG	N Mark	3/26/12	Lily Wong					
HEF	/ // /	Date	Enter name of indi	vidua	l sign	ing as	plan administ	rator
SIG	J Canbor	3/26/12	Lily Wong					
HEF		Date		vidus	l sian	ing as	employer or n	lan sponsor
200 Gp-00	Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor							

Page **2-**

Form 5500-SF 2011