## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		ruance wit	ii the instructions to the Form 5500	-ог.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011						
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)	a one-participant plan			
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)			
С	Check box if filing under:	extension		DFVC program			
	special extension (enter descrip	tion)					
Pa	art II Basic Plan Information—enter all requested information	mation			<u>_</u>		
	Name of plan				Three-digit		
RS L	LIN L.AC, PC 401(K) PROFIT SHARING PLAN				plan number (PN) • 001		
			-		(PN) ▶ 001 Effective date of plan		
				10	01/01/2010		
	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b	Employer Identification Number		
RS L	LIN L.AČ, PC				(EIN) 20-8915364		
				2c	Sponsor's telephone number		
	MOTT ST. SUITE 606		-	0-1	212-334-9117		
NEVV	V YORK, NY 10013			<b>2</b> a	Business code (see instructions) 621399		
	Plan administrator's name and address (if same as plan sponsor,	enter "Same	2")	3h	Administrator's EIN		
	IN L.AC, PC 128 MOTT	ST. SUITE 6	606		20-8915364		
	NEW YORK	K, NY 10013		3c Administrator's telephone number 212-334-9117			
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name		4c	PN			
5a	Total number of participants at the beginning of the plan year		<u> </u>	5a			
b			<u> </u>	5b			
С	Number of participants with account balances as of the end of the complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)		X Yes No		
b	- , · · · · · · · · · · · · · · · · · ·				V vos □ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use		•		X Yes   No		
Pa	art III Financial Information	1 01111 3300	or and must instead use rorm 550	<u>v.                                    </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a		7a	98000		143899		
b			0		0		
С			98000		143899		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а			8040		. ,		
	(1) Employers	8a(1)	8040				
	(2) Participants	` ` '	44000				
_	(3) Others (including rollovers)	8a(3)	0				
b	,		-6141		45000		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			45899		
d	Benefits paid (including direct rollovers and insurance premiums 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) (subtract line 8h from line 8c)	8i			45899		
j	Transfers to (from) the plan (see instructions)	8i	0				

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Form	5500	SF.	2011

Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2A 2H 2J 2K 3D 2R
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Am	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
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.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 con	nplete	Sched	ula SB	(Form			
						Yes	1 X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes Yes	$\vdash$
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	e or se	ction 3	302 of E	ERISA?	f the le	Yes tter ruli	X I
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 you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of E	ERISA?	f the le	Yes tter ruli	X I
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 instru	e or se	and e	302 of Enter th	ERISA?	f the le	Yes tter ruli	X I
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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 you 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, nth	and e	12b 12c	ERISA?	of the le	Yes tter ruli	ng
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.  More you 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)	ctions, nth	and e	12b 12c	ERISA?	of the le	Yes tter ruli r	ng
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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 you 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?	e or se	and e	12b 12c 12d	ERISA?	E	Yes tter ruli r	ng
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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.  More you 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 the minimum funding amount reported on line 12d be met by the funding deadline?  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 a	and e	12b 12c 12d Y	ERISA?	of the leta Year	Yes tter ruli r	ng N/
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	of a	and e	12b 12c 12d Y	ERISA? e date c	of the leta Year	Yes tter ruli r	ng N
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	of a	and e	12b 12c 12d [	ERISA? e date c	of the leta Year	Yes  tter ruli r  No  Yes	ng NA

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/01/2012	DR. RONG SHENG LIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/01/2012	DR. RONG SHENG LIN
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 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	irt Annual Report Identification Information						
For		1/01/2	011 and ending		12/31/201	.1	
Αī	This return/report is for:	a multiple	-employer plan (not multiemployer)		ant plan		
В	This return/report is: the first return/report	the final re	eturn/report	•			
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:		extension	ĺ	DFVC progra	m	
	special extension (enter description	1		•••			
Pa	rt II Basic Plan Information—enter all requested informa			NAME OF THE PARTY			
D-market market	Name of plan	anon		1h	Three-digit		
	RS LIN L.AC, PC 401(k) Profit Sharing Pl	an			plan number		
			To the state of th		(PN) Þ	001	
				1c	Effective date of 01/01/2010	f plan )	
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identit	ication Number	
	RS LIN L.AC, PC			(EIN) 20-8915364			
				2c	Sponsor's telepi (212) 334-	hone number	
	128 Mott St. Suite 606			2d Business code (see instructions			
	New York		NY 10013	And Sold	621399	acc matructions)	
3a	Plan administrator's name and address (if same as plan sponsor, ei SAME	nter "Same	")	3b	3b Administrator's EIN		
				3с	Administrator's t	elephone number	
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.			TN			
	Sponsor'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		2	
С	Number of participants with account balances as of the end of the promplete this item)			5с		2	
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No	
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No	
l Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	)0.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(la) Fa al		
	Total plan assets	7a	(a) Beginning of Year 98,00	0	(b) End	143,899	
b	Total plan liabilities			0		143,000	
	Net plan assets (subtract line 7b from line 7a)		98,00	0		143,899	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	Ť	(b) T		
a	Contributions received or receivable from:	300000000000000000000000000000000000000				Otal	
	(1) Employers	8a(1)	8,04				
	(2) Participants	8a(2)	44,00	0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	d8	(6,141	)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				45,899	
d	Benefits paid (including direct rollovers and insurance premiums 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)					0	
i	Net income (loss) (subtract line 8h from line 8c)					45,899	
j	Transfers to (from) the plan (see instructions)			0			

/89/28/12 12:55:37 888-294-5658 \* ->

2123349347 Merrill Lynch Page 803

	Form 6500-8F 2011	Page 2 -	1						
.par	t IV   Plan Characteristics	**************************************	SEPPERATURE CONTRACTOR OF THE PERSON OF THE		12-1416- 12-1416-	1074 TWILL	-		
95	If the plan; provides pension benefits, enter the applicable pension fee 2B 2A 2H 2J 2K 3D 2B	sture codes from the	List of Pinn Char	an(eri:	stin Co	ide# In	the lestque	ions;	<b>u</b>
d	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the L	ist of Plan Chara	otorist	ia God	los in I	he instructio	ν <b>п</b> в.	
Part	V Compliance Questions	excesses of the second		/+w-,,-	والمالية منطق بماحاتا	edis distributes	<del>//</del>	AL SOCIAL STREET, SHIPPING	METAWAKA-WA
70	Curing the plan year:		The State of the S				1	MILPORNOULL	
อ	Was there a failure to transmit in the plan any participant contribution 29 CFR 2510.3-102? (See instructions and OOL's Voluntary Fidura	not described in	F	Yes	Na		Amount	**************************************	
b	Were there any conexempt transporting with any contractoring to	Do Jant include freeze	aminanti nati meta d	10a	The Total States	X		4.4.4.4.	
Ç;	on fine 10s.)	Charle Controller	105		Х		a samilament from		
çi		Allhahana shai was s	Carrent to	100		X			<del></del>
e	Were any leas or commissions paid to any brokers, agents, or other Insurance service or other organization that provides some or all of the instructions.)	persons by an insura-	Price camer,	10d		X			
ť	has the plan falled to provide any benefit when due under the plan?	••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	100	70,78A8,7888	χ.			THE PART OF
я	Did the plan have any perficipant loans? (If "Yes," only amount as o			101		*****			~~~~~
ħ	If this is an individual account plan, was there a blackout period? (See	on instructions and of	) CES	10g		X		e de la composition della comp	
ì	2520.101-3.)	en week the and a section of the con-		10h		X	a ki danaha ina ma		
Dark	exceptions to providing the notice applied under 29 CFR 2520,101-3  MI Pension Funding Compliance	7 MATERIAL CONTRACTOR OF THE PROPERTY OF THE P		101	err-militarishi.				* 100 cm/s
11	is this a destruct benefit plan subject to continuo funding requirement	ls? (If "Yes," see inst	nuctions and com	estoda :	hoda?	ule SB	Germ		
12	5500).  Is this a defined contribution plan subject to the minimum tunding rec	ACC - 111 - 111 ASST - 444 Sec. 441 Sec. 444						Yes Yes	N 40
a	(If "Yes," complete 12a or 12b, 12a, 12a, and 12a below, as applicable if a waiver of the minimum funding standard for a prior year is being a granting the waiver.	le.) -martizaci in this plan	Control of the land of the control of					had	119
lf :	in a manufacture was confined inter 7, 4, 894 JO OL SECONDER M	lis (Form 6600), and	skip to line 13.			Duy.		√683F =.	,
	Enter the minimum required contribution for this plan year		** * * *			125	N-7/2	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	
C	Enter the amount contributed by the employer to the plan for this plan	n уезг			Г	12c	Western with transfer	A STATE OF STREET	-
Çı	Sufficient to amount in line 12b from the amount in line 12b. Enter the negative amount)	e result (enter a minu	rs sign to the left :	ol s		12ਰ	**************************************	PROPERTY BOOK CARES	
F - C	Will the minimum funding amount reported on line 12d be met by the	tunding deadline?	<i>4: 4:**********************************</i>				Yes [	No I	I M/A
Part	VIII Plan Terminations and Transfers of Assets						Philipson - server feet	STATE OF THE PARTY	A)
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	##			ΪŢ	95 X No	m	
	in inco, onter the amount of any plan across that reversed to the emp	HOYGE THIS YOUR , ,	.1	1	3s	<u> </u>	····	*	
þ	Were all the plan assets distributed to purticipants or beneficiaties, its of the PEGC?	anetarrad to onother	with a second			nirol	PARALLEL LIANGE DE LA CONTRACTOR DE LA C	Yes	El No
c	if during this plan year, any apsote or liabilities were transferred from Which assets or liabilities were transferred. (See instructions.)	this purp to another [	plands), idanilly li	na b <sub>i</sub> ar	រ(ន) ៤១			<u>, , , , , , , , , , , , , , , , , , , </u>	Ċ
1	3c(1) Name of plan(s):	V-11	<del>/////////////////////////////////////</del>		130	(2) Eli	N(s)	135(3)	PN/e)
		:	THE PERSON NAMED IN STREET, ST	1					************
	The state of the s								
Caut	ion: A penalty for the late or incomplete filing of this return/report	t will be assessed u	niess roasonabl	е саи	ge is	establ	lshed.		
100,0	r penaltias of perjury and other penaltics set forth in the instructions, i : Schodule MB completed and signed by an enrolled actuary, 20 well ਗ , it is true, correct, and complete.	declare that I have a s the electronic vers	xemined this retu ion of this returns	m/rep	ort, in , and (	elading o the b	g, if applicat cest of my ki	ls, a Sche lowledge :	chije anij
SIG	sian Com Slas 19-28 -2014 Or. Rong Sheng Lin							iman na mary de Peri	
HER	Signature of plan administrator	Date		<del></del>	**********		onthe cald	eistrator	
51G	Signature of plan administrator  Onte Enter name of advidual signing as plan administrator  9-25-70 Sf. Rong Sheng Lin								
HER		Date	Enter name of in				s employer c	ir plau spe	nso-