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

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information								
For	or calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
A 7	This ret	urn/report is for: X a single-employer plan	a multiple-employer p	olan (not multiemployer)	er) a one-participant plan					
B 7	This ret	urn/report is: the first return/report	the final return/report							
		an amended return/report	a short plan year retui	n/report (less than 12 m	onths))				
C Check box if filing under: Form 5558 automatic extension						DFVC progra	ım			
		special extension (enter description	on)							
Pa	rt II	Basic Plan Information—enter all requested inform	ation							
	Name				1b	Three-digit				
LILY \	NONG,	M.D., P.C. 401(K) PROFIT SHARING PLAN				plan number	001			
			10	(PN) Feffective date of						
					10	01/01/	•			
2a LILY	Plan sp WONG	consor's name and address; include room or suite number (e, M.D., P.C.	employer, if for a single	-employer plan)	2b	Employer Identii (EIN) 03-05	fication Number 88829			
					2c Sponsor's telephone number					
		AVENUE, SUITE 503 NY 10065			24		see instructions)			
					Zu	62139				
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor N	Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN			
					3c	Administrator's t	telephone number			
							•			
4	If the n	name and/or EIN of the plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4h	EIN				
•		EIN, and the plan number from the last return/report.	iact rotarry roport moa r	or the plan, enter the	70	LIIN				
		or's name			4c	PN				
5a	Total r	number of participants at the beginning of the plan year			5a		4			
		number of participants at the end of the plan year			5b		4			
С		er of participants with account balances as of the end of the pete this item)			5c		4			
6a		all of the plan's assets during the plan year invested in eligib					X Yes No			
b		ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No			
		answered "No" to either line 6a or line 6b, the plan cann					<u> </u>			
Cau		penalty for the late or incomplete filing of this return/rej								
		alties of perjury and other penalties set forth in the instruction					able, a Schedule			
		dule MB completed and signed by an enrolled actuary, as we rue, correct, and complete.	ell as the electronic ve	rsion of this return/report	t, and	to the best of my	knowledge and			
SIGI		Filed with authorized/valid electronic signature.	04/17/2013	LILY WONG						
HER	RE	Signature of plan administrator	Date	Enter name of individ	ndividual signing as plan administrator					
SIG		Filed with authorized/valid electronic signature.	04/17/2013	LILY WONG						
HER		Signature of employer/plan sponsor	Date		idual signing as employer or plan sponsor					
Prep	oarer's i	name (including firm name, if applicable) and address; include	de room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)			

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities					T				
			(a) Beginning of Yea	ar		(b) End	of Yea	r	
a Total plan assets		. 7a	13906			()		8788	
		7b		0				0	
C Net plan assets (subtract lir	ne 7b from line 7a)	7c	13906	52			18	8788	
8 Income, Expenses, and Tra	·		(a) Amount			(b) T	otal		
a Contributions received or re			(1)						
(1) Employers		8a(1)	1217	' 5					
(2) Participants		8a(2)	1718	33					
(3) Others (including rollov	ers)	8a(3)		0					
		. 8b	2036	88					
	1), 8a(2), 8a(3), and 8b)	8c					49	726	
. , .	ct rollovers and insurance premiums	. 8d		0					
e Certain deemed and/or cor	ective distributions (see instructions)	8e		0					
f Administrative service prov	ders (salaries, fees, commissions)	8f		0					
g Other expenses		8g		0					
h Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h						0	
i Net income (loss) (subtract	line 8h from line 8c)	8i					4	9726	
j Transfers to (from) the plan	(see instructions)	8j		0					
Part IV Plan Characte	eristics								
9a If the plan provides pensio 2A 2E 2G 2J 3D	n benefits, enter the applicable pension	feature co	des from the List of Plan Char	acterist	tic Codes i	the instruc	ctions:		
	benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Codes in	the instruct	ions:		
Part V Compliance Qu	nationa								
· · ·	estions				Yes No		A	1	
a Was there a failure to tran	smit to the plan any participant contribu				Y X		Amou	nt	
	e instructions and DOL's Voluntary Fidu of transactions with any party-in-interest			10a					
on line 10a.)				10b	X	ļ			
C Was the plan covered by	a fidelity bond?			10c	X				
	whether or not reimbursed by the plan's	-		10d	Х				
insurance service or other	sions paid to any brokers, agents, or oth organization that provides some or all o	of the bene	efits under the plan? (See	100	X				
	ida any banafit uban dua undar tha nia			10e	X				
	ride any benefit when due under the pla			10f		1			
	ticipant loans? (If "Yes," enter amount a	•	<u> </u>	10g	Х				
	ount plan, was there a blackout period?	•		10h	X				
	"," check the box if you either provided the notice applied under 29 CFR 2520.10			10i					
Part VI Pension Fundin	g Compliance			<u> </u>	•	•			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
	hedule SB line 39				11a				
12 Is this a defined contribut	on plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or sec	ction 302 of	ERISA?		Yes	X No
(If "Yes," complete line 12	a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)						
a If a waiver of the minimum	funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		and enter t		the lette Year _	r ruli	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b Enter the minimum require	ed contribution for this plan year				12b				

	Form 5500-SF 2012 Page 3 - 1			
	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accordance with the instructions to the Form 550	0-SF.				
-	art I Annual Report Identification Information calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	10	/31/2012			
		12	7			
	This return/report is for:	L	a one-partici	pant plan		
В	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 m	onths)				
C	Check box if filing under: Form 5558 automatic extension		DFVC progra	am		
	special extension (enter description)					
P	art II Basic Plan Information enter all requested information					
-	Name of plan	1b	Three-digit			
	Lily Wong, M.D., P.C. 401(k) Profit Sharing Plan		plan number	001		
	Lily wong, M.D., F.C. 401(k) Profit Sharing Plan		(PN) ► Effective date of			
			01/01/2009			
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b	Employer Ident	ification Number		
	Lily Wong, M.D., P.C.	(EIN) 03-0588829				
		2c Sponsor's telephone number				
	800A Fifth Avenue, Suite 503		(212) 588-	8900		
				(see instructions)		
US			621399			
3a	Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b	Administrator's	EIN		
		3с	Administrator's	telephone number		
_		4b	- IN			
4	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.	4b	EIN			
а		4c	PN			
5a		5a	T	4		
b	Total number of participants at the end of the plan year	5b		4		
С	Number of participants with account balances as of the end of the plan year (defined benefit plans do not			100		
_	complete this item)	5c		4		
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			X Yes No		
7.59	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use					
	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	1 - 60				
Ur	ider penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re For Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repoi	port, ir	ncluding, if appli	icable, a Schedule		
	lief, it is true, correct/ and complete.	t, and	to the best of h	, morneage and		
	3/13/13 Lily Wong					
	ERE Signature of plan administrator Date Enter name of individual	al cianir	na se nlan adm	inistrator		
-	1700 1010	ii sigiiii	ig as plan aum	madator		
	GN THE					
100	ERE Signature of employer/plan sponsor Date Enter name of individual		-			
Pr	eparer's narhe (including firm name, if applicable) and address; include room or suite number (optional)	Prepa	irer's telephone	number (optional)		
			EW BEN TE			

Form 5500-SF 2012 Page **2**

Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	,			(b) End of	Year		
a	Total plan assets	7a	139,0				. ,	188,788		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	139,0	 62				188,788		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:	2 (1)	12,1	75						
	(1) Employers	8a(1)	•							
	(2) Participants	8a(2)	17,18	0						
	(3) Others (including rollovers)	8a(3) 8b	20,3							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	20,3	36				40.706		
d	Benefits paid (including direct rollovers and insurance premiums	00			-			49,726		
_	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		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						49,726		
辶	Transfers to (from) the plan (see instructions)	8j		0						
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 2J 3D	eature code	es from the List of Plan Charac	teristi	c Code	es in th	ne instructio	ons:		
_										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Characte	eristic	Codes	s in the	e instruction	is:		
Pa	art V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	Α	mount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce			10a		x				
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		x				
C	Was the plan covered by a fidelity bond?		••••••	10c		х				
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•							
-	Were any fees or commisions paid to any brokers, agents, or other			10d		х				
	Were any rees or commissions paid to any brokers, agents, or other	er persons l		10d		х				
	insurance service or other organization that provides some or all of	of the benef	by an insurance carrier, its under the plan? (See							
	insurance service or other organization that provides some or all cinstructions.)	of the benef	by an insurance carrier, its under the plan? (See	10e		х				
f	insurance service or other organization that provides some or all cinstructions.)	of the benef	by an insurance carrier, its under the plan? (See							
f	insurance service or other organization that provides some or all clinstructions.) Has the plan failed to provide any benefit when due under the plan	of the benef	by an insurance carrier, its under the plan? (See	10e		х				
_	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	of the benefactory of the benefa	by an insurance carrier, its under the plan? (See and.)	10e 10f		x x				
	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the service of	of the benef	oy an insurance carrier, its under the plan? (See and.)	10e 10f 10g		x x				
<u>g</u> 	insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	of the benef	oy an insurance carrier, its under the plan? (See and.)	10e 10f 10g 10h		x x				
<u>g</u> 	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance	s of year er (See instruction of the benefit of the	oy an insurance carrier, its under the plan? (See and .)	10e 10f 10g 10h 10i		x x x		☐ Yes 🗷 No		
i Pa	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	n?	oy an insurance carrier, its under the plan? (See and.)	10e 10f 10g 10h 10i		x x x		Yes X No		
i Pa	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	of the beneficial of the benef	oy an insurance carrier, its under the plan? (See and.)	10e 10f 10g 10h 10i	•••••	x x x ulle SE		Yes X No		
<u>ç</u> h	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	n?	notice or one of the 'es," see instructions and com	10e 10f 10g 10h 10i	•••••	x x x ulle SE				
<u>ç</u> h	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Benter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	n?	notice or one of the "es," see instructions and com ats of section 412 of the Code ble.) d in this plan year, see instructions	10e 10f 10g 10h 10i plete or sec	etion 3	x x x ulle SE	ERISA?	Yes X No		
Pa 11 11 12 a	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Benter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bein	s of year er (See instruction of the benefit of the	oy an insurance carrier, its under the plan? (See its under the plan? (10e 10f 10g 10h 10i plete or sec	etion 3	x x x ulle SE	ERISA?	Yes X No		
Pa 11 11 12 a	insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Benter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being granting the waiver Syou completed line 12a, complete lines 3, 9, and 10 of Schedule you completed line 12a, complete lines 3, 9, and 10 of Schedule	s of year er (See instruction of the benefit see instruction of the required 1-3	notice or one of the rits of section 412 of the Code ble.) and in this plan year, see instructions and skip to line 13.	10e 10f 10g 10h 10i plete critions,nth _	and e	x x x ulle SE	ERISA?	Yes X No		

	Form 5500-SF 2012 Page 3-						
С	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 negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes [□ No □ N/A		
Part	t VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	••••••		es X N	0		
	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 under the of the PBGC?					Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to)				
	13c(1) Name of plan(s):	13c	(2) EIN((s)	13c(3) PN(s)		
Part VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN					