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

2013

This Form is Open to Public Inspection

Part I		Identification Information							
For caler	dar plan year 2013 or f	iscal plan year beginning 01/01/2	013	and ending 1	2/31/2	2013			
A This	eturn/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-participant plan				
B This r	eturn/report is:	the first return/report	x the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths))			
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progra	am		
	· ·	special extension (enter descrip	otion)			_			
Part II	Basic Plan Info	ormation—enter all requested info	rmation						
1a Nam		,			1b	Three-digit			
LILY WON	G, M.D., P.C. 401(K) P	ROFIT SHARING PLAN				plan number			
					10	(PN)	001		
					10	Effective date of 01/01/	•		
2a Plan	sponsor's name and a	ddress; include room or suite number	· (employer, if for a single	-emplover plan)	2b	Employer Identi			
	IG, M.D., P.C.		(- - - - - - - - - -	- F - 7 - F - 7			88829		
					2c	Sponsor's telep	hone number		
350 WEST	57TH STREET, APT 8	BG				212-588			
NEW YOR	K, NY 10019				2d		see instructions)		
20.01			и По в	0 411	26	62139			
3a Plan	administrator's name a	and address XSame as Plan Sponso	r NameSame as Pla	n Sponsor Address	30	Administrator's I	EIIN		
					3с	Administrator's t	telephone number		
4 If the	e name and/or EIN of th	ne plan sponsor has changed since th	ne last return/report filed f	or this plan, enter the	4b	EIN			
		umber from the last return/report.				LIIV			
	nsor's name				4c	PN			
5a Tota	I number of participants	s at the beginning of the plan year			5a		4		
		s at the end of the plan year			5b		0		
		account balances as of the end of th		-	5c		0		
6a We	re all of the plan's asse	ts during the plan year invested in eli	gible assets? (See instruc	ctions.)			X Yes No		
		of the annual examination and report					— — — — — — — — — — — — — — — — — — —		
		6? (See instructions on waiver eligibili					X Yes ∐ No		
_		either line 6a or line 6b, the plan ca efit plan, is it covered under the PBGC					Not determined		
	e plan is a defined bene	ent plan, is it covered under the FBGC	Insurance program (see	ERISA SECTION 4021)?	Ц	res Lino	Not determined		
	•	or incomplete filing of this return/	•						
		ther penalties set forth in the instructi and signed by an enrolled actuary, as							
	s true, correct, and con		well as the electronic ver	rsion of this return/report	, and	to the best of my	Knowledge and		
	Filed with authorized	d/valid electronic signature.	04/03/2014	LILVIMONO					
SIGN HERE				LILY WONG					
	Signature of plan		Date	Enter name of individu	ual sig	ıning as plan adn	ninistrator		
SIGN	Filed with authorized	d/valid electronic signature.	04/03/2014	LILY WONG					
HERE									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu					
	Signature of empl	oyer/plan sponsor name, if applicable) and address; inc					er or plan sponsor number (optional)		
	Signature of empl	, , ,							
	Signature of empl	, , ,							
	Signature of empl	, , ,							

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	'ear	
<u>.</u>	Total plan assets	7a	18878		+		(D) LII	<u>u 01 1</u>)
	Total plan liabilities	7b		0	+)
	Net plan assets (subtract line 7b from line 7a)	7c	18878	8					()
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b)	Total		
a	Contributions received or receivable from:		(a) Amount				(D)	TOtal		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2594	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25949)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21473	7						
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							214737	7
i	Net income (loss) (subtract line 8h from line 8c)	8i						_	188788	3
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	-,								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		۸m	ount	
	Was there a failure to transmit to the plan any participant contribut	tione withir	the time period described in		163	NO		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corr	ection Program)	10a		X				
~	on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			X				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	and \			Χ				
<u>s</u>	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10g		X				
i	2520.101-3.)	ne required	I notice or one of the	10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	🗆 🗍	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-								
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
а	granting the waiver.				, and t	Day		Ye		
			Mon		, and t	_				

Page	3 -	. 1	
гаус	J		

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 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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

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).

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in a	ccordance with the inst	ructions to the Form 550	0-SF.	inspection
P	art I Annual Report	Identification Information				
For	calendar plan year 2013 or fis	scal plan year beginning	01/01/2013	and ending	12/31/201	.3
Α	This return/report is for:	🕱 a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-pa	articipant plan
В	This return/report is:	the first return/report	x the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)	
С	Check box if filing under:	Form 5558	automatic extension	n : :	☐ DFVC p	rogram
	•	special extension (enter desc	ription)			
P	art II Basic Plan Info	ermation enter all requested	information			
-	Name of plan	onto an roquoto	momadon		1b Three-digit	
	Tily Wong M D P	.C. 401(k) Profit Shari	ng Plan		plan numb (PN) ▶	er 001
	Lily wong, M.D., 1	.c. for(x) recree chara	ing train		1c Effective d	
					01/01/2	•
2a		ddress; include room or suite num	ber (employer, if for a sing	gle-employer plan)	2b Employer I	dentification Number
	Lily Wong, M.D., P.	.C.			(EIN) 03	-0588829
						telephone number
	350 West 57th Stree	et, Apt 8G				88-8900
TTC	New York	NY 10019			621399	ode (see instructions)
		nd address X Same as Plan Sp	onsor Name Same a	s Plan Sponsor Address	3b Administra	tor's EIN
				- 1		
					3c Administra	tor's telephone number
					, tarrinotta	tor o toropriorio riambor
		,				
4		e plan sponsor has changed since	the last return/report file	d for this plan, en'er the	4b EIN	
_	Sponsor's name	mber from the last return/report.		¥ - \$	4c PN	
_	'	at the beginning of the plan year			5a	4
b		at the end of the plan year			5b	0
C	· · · · · · · · · · · · · · · · · · ·	account balances as of the end of				
_					5c	0
6a		during the plan year invested in		***************************************		XYes No
þ	· ·	f the annual examination and repo ? (See instructions on waiver eligit	title is a self-constitution of A			X Yes No
		ther line 6a or line 6b, the plan		E and must instead use		A Tes LINO
С	_	it plan, is it covered under the PB				□No □Not determined
		·				
		or incomplete filing of this retu				
		ther penalties set forth in the instr and signed by an enrolled actuary,				
	elief, it is true, correct, and com		, ,	•	•	, ,
	IGN 'rig d	les	3/14/14	Lily Wong		
13000000	ERE Signature of plan adm	ninistrator	Date,	Enter name of individua	al signing as plan	administrator
		(lo	2/14/14	Lily Wong		
12.7.27.29	IGN ERE Signature of employe	r/plan sponsor	Date	Enter name of individua	al signing as empl	oyer or plan sponsor
CC-MACHINE.	accounted —	name, if applicable) and address;				none number (optional)
	, ,	1		•		, ,
				*		
					1	And State Co.
1						

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P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		Τ		(b) End of	Year
a	Total plan assets	7a	188,78				· /	0
<u></u>	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	188,78	38				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:	- 40						
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
<u>_</u>	(3) Others (including rollovers)	8a(3)	25.0	0				
<u>b</u>	Other income (loss)	8b 8c	25,9	49				05.040
d	Benefits paid (including direct rollovers and insurance premiums	80						25,949
	to provide benefits)	8d	214,7	37				
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						214,737
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(188,788)
丄	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 cod	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 code	s from the List of Plan Characte	eristic	Codes	s in the	e instructior	ns:
Pa	art V Compliance Questions							
<u>10</u>	During the plan year:				Yes	No	Δ	mount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		x		
-	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?	•		10d		x		
-	Were any fees or commissions paid to any brokers, agents, or oth		•					
	insurance service, or other organization that provides some or all instructions.)			10e		x		
f				10f		х		
				1.0.				
	Did the plan have any participant loans? (If "Yes," enter amount a			40				
	, , , , , , , , , , , , , , , , , , , ,			10g		х		
r	, , , , , , , , , , , , , , , , , , , ,	(See instru	ictions and 29 CFR	10g 10h		x x		
i	If this is an individual account plan, was there a blackout period?	(See instru	I notice or one of the					
_i	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 state of t	(See instru	I notice or one of the	10h				
_i	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 2520.10	(See instrume required 1-3	I notice or one of the Yes," see instructions and com	10h 10i		x ule SE		☐ Yes 🗷 No
1 Pa	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 2520.10° If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	(See instrume required 1-3 ments? (If "	d notice or one of the Yes," see instructions and com	10h 10i		x ule SE		Yes X No
1 Pa	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 2520.10° If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to minimum for current year from the subject	ne required 1-3	Inotice or one of the Yes," see instructions and comule SB (Form 5500) line 39	10h 10i		x ule SE		Yes X No
11 11	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 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exception to prov	(See instrume required 1-3 ments? (If "	d notice or one of the Yes," see instructions and comule SB (Form 5500) line 39 nts of section 412 of the Code	10h 10i		x ule SE		
11 11	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 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exceptio	ne required 1-3	Yes," see instructions and comule SB (Form 5500) line 39 nts of section 412 of the Code able.) ed in this plan year, see instructions	10h 10i plete or sections,	etion 3	x ule SE	ERISA?	Yes X No
11 11 12	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 2520.10° It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 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 the standard for a prior year is year.	ne required 1-3ne required nents? (If " rom Sched requireme , as applicating amortiz	Yes," see instructions and comule SB (Form 5500) line 39 nts of section 412 of the Code able.)	10h 10i plete or sections,	etion 3	x ule SE	ERISA?	Yes X No
11 11 12	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 2520.102 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.102 If 10h was answered "Yes," check the box if you either provided the exceptions to provided the exceptions and the exception of the minimum required contribution for current year from the exception of the minimum funding standard for a prior year is being granting the waiver exceptions.	ne required nents? (If " rom Sched requireme , as applicing amortiz	rections and 29 CFR In notice or one of the Yes," see instructions and comule SB (Form 5500) line 39 Ints of section 412 of the Code able.) The code in this plan year, see instructions and comule SB (Form 5500), and skip to line 13.	10h 10i plete or sections,	and e	x ule SE	ERISA?	Yes X No

	Form 5500-SF 2013 Pa	age 3-			
C	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 minegative 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?	••••••	X Y	es 🔲 N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anothor of the PBGC?			X Yes No	
С	If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the plan(s) to)		
1	13c(1) Name of plan(s):	130	(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	•			
14a	Name of trust		14b ⊤	rust's EIN	