### 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).

\_\_\_\_

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance v	with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pa	art I	Annual Report I	dentification Information							
For	calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/20	010		and ending 1	2/31/2	2010		
		arrivoport io ror.	a single-employer plan			an (not multiemployer)		a one-particip	oant plan	
В	This ret	urn/report is:	the first return/report	H	al return/report					
			x an amended return/report	a short	plan year return	/report (less than 12 m	onths)	)		
C	Check b	oox if filing under:	X Form 5558	autom	atic extension			DFVC progra	am	
			special extension (enter descrip	otion)						
Pa	rt II	Basic Plan Infor	mation—enter all requested infor	rmation						
	Name		•				1b	Three-digit		
WILS	ON KO	, MD F.A.C.S.PC PENS	SION PLAN					plan number		
								(PN) <b>•</b>	001	
							1c	Effective date o	•	
0-			<del></del>	, ,			01	01/01		
		oonsor's name and add , MD F.A.C.S.PC	dress; include room or suite number	(employe	er, if for a single-e	employer plan)	26	Employer Identi (EIN) 11-34	fication Number 64111	
							2c	Sponsor's telep	hone number	
136-2	5 MAP	LE AVENUE						718-358		
SUIT	E 202						2d	Business code (	(see instructions)	
FLUS	oning,	NY 11355						62111	11	
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponsor	r Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN	
							30	Administrator's	telephone number	
								, aministrator 5	telephone number	
4	If the n	name and/or EIN of the	plan sponsor has changed since the	ne last retu	rn/report filed fo	r this plan, enter the	4b	EIN 22-34	64111	
		•	nber from the last return/report.							
		or's name					4c	PN		
5a			at the beginning of the plan year				5a		11	
b	Total r	number of participants a	at the end of the plan year				··· 5b			
С			account balances as of the end of the		•	•	5c		11	
62			during the plan year invested in elig						X Yes No	
b		•	the annual examination and report of	-	,	•			M 100   110	
~			(See instructions on waiver eligibility						X Yes No	
	If you	answered "No" to eit	her line 6a or line 6b, the plan car	nnot use	Form 5500-SF a	and must instead use	Form	5500.		
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return/r	report wil	ll be assessed ι	ınless reasonable cau	ıse is	established.		
			er penalties set forth in the instruction							
		edule MB completed and crue, correct, and compl	d signed by an enrolled actuary, as lete.	well as th	e electronic vers	sion of this return/report	t, and	to the best of my	knowledge and	
				<del></del>	100/00:-					
SIG		Filed with authorized/v	valid electronic signature.	07	7/06/2016	PATRICIA GUIDA				
	`	Signature of plan ad	Iministrator	Da	ate	Enter name of individ	ual siç	gning as plan adn	ninistrator	
SIG HEF		Filed with authorized/v	valid electronic signature.	07	7/06/2016	PATRICIA GUIDA				
		Signature of employ		Da		Enter name of individ				
Pre	parer's	name (including firm na	ame, if applicable) and address; incl	lude room	or suite number	(optional)	Prep	parer's telephone	number (optional)	

Form 5500-SF 2012 Page **2** 

Part III   Financial Information	Por	t III Financial Information								
a Total plan assets. 7a 371911 419639 b Total plan listillies. 7b 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not plan assets (subtract line 7b from line 7a). 7c 371911 419639 c Not received or received processes asset (subtract line 7b from line 8b 42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>		(a) Deminute of Ver				(h) Fud of Voor		
b Total plan liabilities. 7b   7c   371911   419639   419639   371911   419639   419639   371911   419639   419			_							
C Not plan assets (subtract line 7b from line 7a)		•		37191				419639		
8 Contributions received or receivable from:  8 Contributions received or receivable from:  (2) Participants.  8a(1) 0  (3) Other income (loss).  8a(3) 47728  5 Other income (loss).  8a(3) 47728  6 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				27101	1			410620		
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) De Other income (dast) (5) Others (including rollovers). (6) Other income (dast) (7) Bearth (1) Bearth			76							
(1) Employers				(a) Amount				(b) I otal		
(3) Others (including rollovers)			8a(1)		0					
b Other income (loss)		(2) Participants	8a(2)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c  47728  d Benefits paid (including direct rollowers and insurance premiums to provide benefits).  e Cortain deemed and/or corrective distributions (see instructions)  8d  8d  8d  8d  8d  8d  8d  8d  8d  8		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct followers and insurance premiums to provide benefits).  e Cartain deemed and/or corrective distributions (see instructions).  e Cartain deemed and/or corrective distributions (see instructions).  e Administrative service providers (salaries, fees, commissions).  e Ag Other expenses.  g Other expenses.  g Other expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  f Not income (loss) (subtract line 8h from line 8c).  g I Transfers to (from) the plan (see instructions).  g I I the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2 C 30  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s).  c Was the plan covered by a fidelity bond?.  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  g Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  g Did the plan have any participant losns? (if 'Yes,' enter amount as of year end.)	b	Other income (loss)	8b	4772	28					
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					47728		
f Administrative service providers (salaries, fees, commissions)			8d							
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)   8j	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2C 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					47728		
9a	j	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V   Compliance Questions   10	Par	t IV Plan Characteristics								
Part V   Compliance Questions   Yes   No   Amount	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
10 During the plan year:	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
10 During the plan year:	Part	V Compliance Questions								
a 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						Yes	No	Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	Χ		50000		
e 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.)					100			30000		
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		or dishonesty?			10d		X			
f Has the plan failed to provide any benefit when due under the plan?	C	insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See	10e	X		2841		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	·			10f		Χ			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i 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  Part VI Pension Funding Compliance  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). 11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 granting the waiver. Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							X			
i 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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR						
Part VI Pension Funding Compliance  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)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
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)	Dort	1 0 11	1-3		101					
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 granting the waiver	11a							103 110		
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 granting the waiver.      Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
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 granting the waiver.      Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_			
b Enter the minimum required contribution for this plan year	lf									
	b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012	Page <b>3</b> - 1						
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 resunegative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	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, transfer of the PBGC?	er the c	ontro	I		Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3	<b>)</b> PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	4a Name of trust							

## PENSION PLAN DESIGN SERVICES

**CONSULTING • PLAN DESIGN • ADMINISTRATION** 

P.O. BOX 230849 • NEW YORK • NY 10023 212-362-5421

June 27, 2016

Wilson Ko, MD 136-25 Maple Avenue Suite 202 Flushing, New York 11355

RE: Authorization for Third Party Administration to file Government forms

Dear Dr. Ko:

I hereby authorize Pension Plan Design Service (Patricia Guida) as Third Party Administrator to electronically sign and file the government forms for the period 1/1/2009 to 12/31/2009 and 1/1/2010 to 12/31/2010 for the Wilson Ko, MD, FACS PC Pension Plan sthrough EFAST2.

Part 1 – I understand that in granting this authority:

- (a) I must manually sign and date page 1 of the form 5500SF and return to Pension Plan Design Service after I have reviewed the forms provided by Pension Plan Design Service. Pension Plan Design Service will retain a copy of this written authorization for its records.
- (b) Pension Plan Design Service will notify the individual who signs as Plan Administrator (on page 1 of form 5500SF) any inquires and information received by EFAST2, the Department of Labor or IRS.
- (c) A copy of my signature, as it appears on Page 1 of the form 5500 will be included with the return/report posted by the Department of Labor on the Internet for Public Disclosure
- (d) Pension Plan Design Service shall not be deemed an administrator or Fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the named plan and applied only for the plan years ending 12/31/2009 and 12/31/2010.

PLAN ADMINISTRATOR

DATE  $\sqrt{\frac{6}{21}}$ 

#### PART II

On behalf of Pension Plan Design Service, I certify that the firm will use this Authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST Filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

PENSION PLAN DESIGN SERVICE

DATE

E 7/5/20

## 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).

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

OMB Nos. 1210-0110 1210-0089

## 2010

This Form is Open to Public Inspection

		t Identification Information					
ог	the calendar plan year 2010	or fiscal plan year beginning	01/01	`	and ending	12/31/2010	
1	This return/report is for:	x single-employer plan	multiple-en	nployer plan (no	ot multiemployer)	one-participa	nt plan
3	This return/report is for:	first return/report	final return	/report			
		x an amended return/report	short plan	year return/rep	ort (less than 12 month	s)	
<b>)</b>	Check box if filing under:	x Form 5558	automatic e	extension	•	DFVC progra	ım
		special extension (enter descrip	otion)				
Pa	rt II Basic Plan Inf	formation enter all requested i	information.				
	Name of plan		,			1b Three-digit	
	WILSON KO, MD F.A.O	C.S.PC PENSION PLAN				plan number (PN) ►	001
						1c Effective date o	f plan
						01/01/1995	
2a		ddress (employer, if for single-employ	er plan)			<b>2b</b> Employer Identi (EIN) 11-34	
	WILSON KO, MD F.A.C	J.S.PC			`	2c Plan sponsor's	
	136-25 MAPLE AVENUE	2				(718) 358-5	
JS	SUITE 202 FLUSHING	NY 11355				2d Business code 621111	(see instructions)
		and address (If same as plan employe	r, enter "Same"	)		<b>3b</b> Administrator's	EIN
	Same						
						3c Administrator's	telephone number
1	If the name and/or FIN of th	e plan sponsor has changed since the	e last return/rep	ort filed for this	plan, enter the	4b EIN 22-3464	1111
•	name, EIN and the plan num	nber from the last return/report. Spon	sor's Name			4c PN	
-	Total number of portionants	s at the beginning of the plan year	. =			5a	11
b b	, ,	s at the end of the plan year.			F	5b	11
C		s with account balances as of the end					
						5c	11
		s during the plan year invested in eligi					X Yes No
D		f the annual examination and report on the control of the control					XYes No
		ither 6a or 6b, the plan cannot use					
Pa	rt III Financial Info	rmation					
7	Plan Assets and Liabilities			(a) Be	ginning of Year	(b) End	l of Year
а	Total plan assets		7a		371,911		419,639
b	Total plan liabilities .		<u>7b</u>				
C	Net plan assets (subtract lin	ne 7b from line 7a)	7с		371,911		419,639
3	Income, Expenses, and Tra	insfers for this Plan Year		(	a) Amount	(b)	Total
а	Contributions received or re	eceivable from:	0-(4)		0		
	(1) Employers		8a(1)		0.		
	(2) Participants		8a(2) 8a(3)				
b	(3) Others (including rollow Other income (loss)	ers)	8b		47,728		
	Total income (add lines 8a(1	I) 8a/2) 8a/3) and 8h)	8c			F	47,728
d		ect rollovers and insurance premiums		Programme (Fred Street)	A Later of Table 10 of Applied Fig. 15 (1994)		
	to provide benefits)		• • 8d				
е	Certain deemed and/or corr	rective distributions (see instructions)	8e				9.20010-2016
f	Administrative service provi	iders (salaries, fees, commissions).	8f				
g	Other expenses		• • 8g	SAN SPERSON S	gerie gede vlad füll 1. 4392yr		
h	Total expenses (add lines 8	3d, 8e, 8f, and 8g)	8h				0
į.	Net income (loss) (subtract	line 8h from line 8c)	<u>8i</u>				47,728
j		(see instructions)					
Fo	r Paperwork Reduction Act	t Notice and OMB Control Numbers	s, see the instr	uctions for Fo	rm 5500-SF.	F	orm 5500-SF (2010)

	Form 5500-SF 2010	F	age <b>2-</b>	··· <u>·</u>	_				
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	eature codes from the L	ist of Plan Charact	eristic.	Codes	in the	instructions	3:	
b	2C 3D If the plan provides welfare benefits, enter the applicable welfare feathers.	ature codes from the Lis	t of Plan Characte	ristic C	odes i	in the i	nstructions:		
Pai	t V Compliance Questions						100011111111111111111111111111111111111		
10	During the plan year:				Yes	No		Mount	
а	Was there a failure to transmit to the plan any participant contribut	tion within the time perio	od described in	10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not include transa	actions reported	10b		х			
_	Was the plan covered by a fidelity bond?			10c	х				50,000
c d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was o	aused by fraud	10d		x			•
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all instructions.)	of the benefits under th	e plan? (See	10e	x				2,841
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					х			
h		See instructions and 29		10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required notice or on	e of the	10i			12177-1		
	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500))		· · ·		• •			Yes	-=
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic		412 of the Code of	r secti	on 302	2 of ER	RISA? .	. Yes	x No
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver		Mo	ions, a nth	ind en	ter the Day	date of the	letter rulinç Year	<u> </u>
b	Enter the minimum required contribution for this plan year				. [	12b			
C	Enter the amount contributed by the employer to the plan for this p				. [	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a mini	us sign to the left o	fa 		12d			
е	Will the minimum funding amount reported on line 12d be met by t	the funding deadline?	<u></u>				Yes	□No	□ N/A
•аг	VII Plan Terminations and Transfers of Assets	3							
13a	Has a resolution to terminate the plan been adopted during the plan				٠, -		· · ·	. XYes	□No
	If "Yes," enter the amount of any plan assets that reverted to the e	employer this year .		• •		13a			0
	Were all the plan assets distributed to participants or beneficiaries of the PBGC?		· · · · · ·					. Yes	X No
	which assets or liabilities were transferred. (See instructions.)	officials plain to another	pian(s), identity in	s plant	3) 10		EC WINGE CO. I.	,	
	13c(1) Name of plan(s):				13	3c(2) E	iN(s)	13c(3)	PN(s)
,			***************************************						
Caut	ion: A penalty for the late or incomplete filing of this return/rep	ort will be assessed u	nless reasonable	cause	is es	tablisl	hed.		
3B o	r penalties of perjury and other penalties set forth in the instructions  Schedule MB completed and signed by an enrolled actuary, as wel  it is true, correct and complete.	, I declare that I have eals It as the electronic versi	xamined this return on of this return/re	n/repor port, a	t, inclu nd to t	ıding, i he bes	f applicable at of my kno	, a Schedu wledge and	ie I
	A DAY	X	Wilson Ko,	MD					
SIC	RE Signature of plan administrator	Date 6/2/116	Enter name of in		al sign	ing as	plan admin	istrator	
	The state of the s	X	Wilson Ko,			_			
SIC	RE Signature of employer/plan sponsor	Date (0/2///(	Enter name of ir		al sion	ing as	emplover o	r plan spor	sor
	- Londinger on embrolembran abouson	1 4/21/14					511421 <b>5</b> 304 <b>6</b>	. 4-1 <b>-</b> p	· · - · ·

The International American Section (Control of Section 2) and American Section 1999 (1999) and American Section 1999 (1999).

## PENSION PLAN DESIGN SERVICES

**CONSULTING • PLAN DESIGN • ADMINISTRATION** 

P.O. BOX 230849 • NEW YORK • NY 10023 212-362-5421

June 27, 2016

Wilson Ko, MD 136-25 Maple Avenue Suite 202 Flushing, New York 11355

RE: Authorization for Third Party Administration to file Government forms

Dear Dr. Ko:

I hereby authorize Pension Plan Design Service (Patricia Guida) as Third Party Administrator to electronically sign and file the government forms for the period 1/1/2009 to 12/31/2009 and 1/1/2010 to 12/31/2010 for the Wilson Ko, MD, FACS PC Pension Plan sthrough EFAST2.

Part 1 – I understand that in granting this authority:

- (a) I must manually sign and date page 1 of the form 5500SF and return to Pension Plan Design Service after I have reviewed the forms provided by Pension Plan Design Service.

  Pension Plan Design Service will retain a copy of this written authorization for its records.
- (b) Pension Plan Design Service will notify the individual who signs as Plan Administrator (on page 1 of form 5500SF) any inquires and information received by EFAST2, the Department of Labor or IRS.
- (c) A copy of my signature, as it appears on Page 1 of the form 5500 will be included with the return/report posted by the Department of Labor on the Internet for Public Disclosure
- (d) Pension Plan Design Service shall not be deemed an administrator or Fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the named plan and applied only for the plan years ending 12/31/2009 and 12/31/2010.

**PART II** 

On behalf of Pension Plan Design Service, I certify that the firm will use this Authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST Filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

PENSION PLAN DESIGN SERVICE

## 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).

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

OMB Nos. 1210-0110 1210-0089

#### 2009

This Form is Open to Public Inspection

_	Complete all entries in accorda	HILE WILL	the matractions to the rolls to	00-01.						
	rt I Annual Report Identification Information he calendar plan year 2009 or fiscal plan year beginning	01/01	/2009 and ending	12/	31/2009					
	П.,.,		ployer plan (not multiemployer)		one-participant plan					
		•		니	one-participant plan					
3 T		inal return/	•	-41 \						
			rear return/report (less than 12 mor	itns)	DE 10					
	Micor box ii iiiiig diidoi.	automatic e	extension	Ш	DFVC program					
	special extension (enter description)									
	rt II Basic Plan Information enter all requested inform	nation.		14h T						
la	Name of plan				hree-digit an number					
	WILSON KO, MD F.A.C.S.PC PENSION PLAN			· · · ·	N) ► 001					
				1c Effective date of plan 01/01/1995						
	Plan sponsor's name and address (employer, if for single-employer plan	ın)			mployer Identification Number					
Lu	WILSON KO, MD F.A.C.S.PC	,		(E	EIN) 11-3464111					
	174 OF MAINTE ATTENTION			1	lan sponsor's telephone number 718) 358-5900					
	136-25 MAPLE AVENUE SUITE 202				usiness code (see instructions)					
	FLUSHING NY 11355				21111 dministrator's EIN					
3a	Plan administrator's name and address (If same as plan employer, ent	er "Same")	)	J SD A	aministrator's EIN					
				J SC A	dministrator's telephone number					
				45 -						
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return/report. Sponsor's	return/rep Name	ort filed for this plan, enter the		IN 22-3464111					
			- Indiana - Indi	4c P	N					
5a	Total number of participants at the beginning of the plan year			. 5a . 5b	11					
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	 e nlan vear	· · · · · · · · · · · · · · · · · · ·	. <u>3D</u>	4.4					
	complete this item)			. 5c	11					
	Were all of the plan's assets during the plan year invested in eligible a				XYes No					
þ	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	ndepender Leonditions	nt qualified public accountant (IQP/	<del>^</del> )	XYes No					
	If you answered "No" to either 6a or 6b, the plan cannot use Forn	n 5500-SF	and must instead use Form 550	D						
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	302,063		371,911					
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	302,063		371,911					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:	0-/41	0		· 等於自己的主義。					
	(1) Employers	8a(1) 8a(2)								
	(2) Participants	8a(3)								
b	Other income (loss)	8b	72,424							
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			72,424					
ď	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits) ,	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f ~	Administrative service providers (salaries, fees, commissions)	8f	0.576	-						
g	Other expenses	8g	2,576		2,576					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			69,848					
ļ	Net income (loss) (subtract line 8h from line 8c)	8i o:								
<u></u>	Transfers to (from) the plan (see instructions)	8j	uctions for Form 5500-SF	<u> </u>	Form 5500-SF (2009)					

•	Form 5500-SF 2009	·	Pag	ge <b>2-</b>		_				
ar	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension feature	e codes fr	om the List	of Plan Characte	ristic (	Codes	in the	instructions:		
b	2C 3D If the plan provides welfare benefits, enter the applicable welfare feature	codes fro	m the List (	of Plan Characteri	stic C	odes i	n the ir	nstructions:		
Pai	rt V Compliance Questions						, <del></del> ,			
0	During the plan year:					Yes	No	Amo	ount	
а	Was there a failure to transmit to the plan any participant contribution v	within the	time period	described in	10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not inclu	de transac	tions reported	10b		х			
_					10c	х			50,000	
d		ity bond, t	hat was ca	used by fraud	10d		х			
е	<ul> <li>Were any fees or commissions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of the instructions.)</li> </ul>	ne benefits	s under the	plan? (See	10e	x		10gr m	2,576	
f	·				10f		х			
g							х			
	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)				10h		х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.	equired no	tice or one	of the	10i					
Pa	rt VI Pension Funding Compliance			·						
11	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes	," see instr	uctions and comp	lete S	chedu	le SB (	· · · ·	Yes X No	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 instructions, and enter the date of the letter ruling granting the waiver									
H	f you completed line 12a, complete lines 3, 9, and 10 of Schedule ME					Γ.	12b			
k	•						12c			
0	Enter the amount contributed by the employer to the plan for this plan  Subtract the amount in line 12c from the amount in line 12b. Enter the					•	40.1			
•	negative amount)						12d			
E	Will the minimum funding amount reported on line 12d be met by the f	funding de	adline? .		<u> </u>	<u> </u>		∐Yes L	_No _N/A	
<sup>2</sup> aı	rt VII Plan Terminations and Transfers of Assets								ENV DN.	
13a					•		· · ·	· · · · ·	X Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the empl				• •	· ·	13a			
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?						ntrol • • •		Yes X No	
	which assets or liabilities were transferred. (See instructions.)				1				40 (5) 5112	
	13c(1) Name of plan(s):				+	1	3c(2) E	:IN(s)	<b>13c(3)</b> PN(s)	
					<u> </u>					
	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
SB	der penalties of perjury and other penalties set forth in the instructions, I d or Schedule MB completed and signed by an enrolled actuary, as well as ef, it is true, correct, and complete.	leclare that the electi	it I have ex ronic version	amined this return on of this return/re	n/repo port, a	rt, incl and to	uding, the be	if applicable, a st of my knowl	Schedule edge and	
11.	Wilson Ko									
	ERE Signature of plan administrator	Date G	برايح	Enter name of ir		Jal sig	ning as	plan administ	rator	
	1 / MASM	X X	- 116	Wilson Ko,						
	IGN Signature of employer/plan sponsor	Date(4)	21/16	Enter name of ir		ual sig	ning as	employer or p	olan sponsor	
		1				_				