### 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
	FORD B. LINDO, M.D., P.C. PI	ROFIT SHARING PLAN				plan number 001			
					_	(PN)			
					1c	Effective date of plan 01/01/1983			
2a	Plan sponsor's name and add	ress (employer, if for single-employer	· nlan)		2b	Employer Identification Number			
	FORD B. LINDO, M.D., P.C.		piani		(EIN) 11-2632636				
2204	CLENIWOOD BOAD				2c Plan sponsor's telephone num				
	GLENWOOD ROAD OKLYN, NY 11210				24				
						Business code (see instructions) 621111			
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	VOOD ROAD			Administrator's EIN			
WAL	FORD B. LINDO, M.D., P.C.	3304 GLENV BROOKLYN				11-2632636			
					3C	Administrator's telephone number 718-859-0008			
<b>4</b> I	the name and/or EIN of the pl	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		40	DN			
52	Total number of participants of	at the heginning of the plan year			4c	PN 6			
			5a	8					
b		at the end of the plan year			5b	0			
С		vith account balances as of the end o		•	5с	5			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b		the annual examination and report of				XI vaa D na			
		(See instructions on waiver eligibility		•		Yes No			
Pa	rt III Financial Inform	her 6a or 6b, the plan cannot use F	Orm 5500-	SF and must instead use Form 55	υυ.				
		iation		(a) Dentination of Vern		(b) Ford of Voca			
7	Plan Assets and Liabilities		_	(a) Beginning of Year	7	(b) End of Year			
	Total plan liabilities		. 7a	.2	-	.202.00			
D C	•	7b from line 7a)		1241887	7	1252790			
8	Income, Expenses, and Trans		. 7с						
а	Contributions received or received			(a) Amount		(b) Total			
_			. 8a(1)						
	(2) Participants		. 8a(2)						
	(3) Others (including rollovers	s)	. 8a(3)						
b	Other income (loss)		. 8b	18413	3				
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	. 8c			18413			
d		rollovers and insurance premiums	. 8d						
е		ctive distributions (see instructions)	. 8e						
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g	7510	)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				7510			
i	Net income (loss) (subtract lin	ne 8h from line 8c)	8i			10903			
j		see instructions)							

	F	Form 5500-SF 2010 Page <b>2-</b>								
Par	t IV	Plan Characteristics								-
	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plar	Character	istic Co	des in	the instruc	ctions:			_
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteri	stic Cod	des in t	the instruc	tions:			
art		Compliance Questions								_
0		ing the plan year:		Yes	No		Amoi	unt		_
_	Was	s there a failure to transmit to the plan any participant contributions within the time period describ CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X		7			_
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions repo			X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					250000	_
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by f ishonesty?			X					_
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie irance service or other organization that provides some or all of the benefits under the plan? (Se ructions.)	Э		X					
f	Has	the plan failed to provide any benefit when due under the plan?	·· 10f		X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								_
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar						Yes	X No	
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or s	ection 3	302 of	ERISA?		Yes	X No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver	instructions Month	s, and e	enter th Day	ne date of t	he lett Year	er ruli	ng 	
lf	_	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_						
b	Ente	er the minimum required contribution for this plan year		L	12b					
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		[	12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A	

## Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

#### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/07/2011	WALFORD B LINDO MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/07/2011	WALFORD B LINDO MD
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 SciUnty Administration Pension Benefit G aranty 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). 1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

		Garanty Corporation	► Complete all entries in a	iccordance wit	h the instructions to the Form 550	0-SF.		apection			
He.			dentification information								
Fo	r the calend	ar plan year 2010 or	r fiscal plan year beginning	01/0	1/2010 and ending	12	/31/2010				
A	This return/r	eport is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В	This return/r	eport is for:	first return/report	☐ final retur	n/report	T and barrioberit bigu					
277		1	an amended return/report	Н	***************************************	L-V					
_	an in the	.1			year return/report (less than 12 mont						
C	Check box	f fling under:	xd Form 5558		extension	L	DFVC progra	.m			
·		1.	special extension (enter descr	iption)							
	a B	asic Plan Infor	mation enter all requested	d information.				- M			
1a	Name of p	län				1b	Three-digit				
	WATEORD	B. TTMDO M.D	)., P.C. PROFIT SHARING	C 77 7.35	*		plan number				
	,	P. MILLOO, 11.11	, P.C. FROBII BRARING	2 PLAN			(PN) »	001			
	1.	1 .					Effective date of 01/01/1983	/ plan			
2a	Plan spons	or's name and addre	ess (employer, if for single-emplo	ver plan)		THE REAL PROPERTY.	THE PERSON NAMED IN COLUMN 1	fication Number			
		B. LINDO, M.D		, p,			(EIN) 11-263	32636			
							Plan sponsor's telephone number				
	3304 GI	ENWOOD ROAD					(718) 859-0	8008			
US	BROOKLY	ni	NY 11210			2d	3usiness code (	see instructions)			
3a		1	address (If same as plan employ	er enter "Same"	^		621111 Administrator's E				
	SAME .	,	page and the damp and plant complety	or, ontor Dame	,	30 /	Administrator S E	±4N			
	•	,				3c /	Administrator's t	elébhoue, unmper			
	٠,	*									
4	If the name	and/or EIN of the pla	an sponsor has changed since th	ne last return/rep	ort filed for this plan, enter the	4b 8	IN .				
	name, EIN	and the plan number	r from the last return/report. Spor	nsor's Name		4c PN					
59	Totalmumh	or of participants at t	the herioning of the plan year			5a	N				
b	Total numb	er of participants at t	the end of the plan year			5b 6					
C	Total numb	or of participants with	h account balances as of the end	of the plan year	r (defined benefit plans do not	30					
	complete th	nsitem)		- · · · · ·	* * * * * * * * * * * * *	5c		5			
6a	Were all of	hể plan's assets dur	ring the plan year invested in elig	jible assets? (Se	e instructions.)			X Yes No			
þ	Are you cla	iming a waiver of the	noqen bna noitanimaxe launna :	of an independe	nt qualified public accountant (IQPA)						
	under 29 C	R 2520.104-467 (Si	ee instructions on waiver eligibilit	y and conditions	·)			X Yes No			
Marian				Form 5500-SF	and must instead use Form 5500.						
	<b>提制Fi</b>	nancial Inform	ation	Annual Control of the							
7	Plan Assetz	and Liabilities					the same of the sa				
а	Total plan s	The state of the s		THE CONTRACTOR	(a) Beginning of Year	T	(b) End o	of Year			
b	Total plan li	ssets	5) A (4 (34) W (4) A (4) A (4)	. 7a			(b) End (	working to the same			
C	LOCAL DIRUCT	ssets			(a) Beginning of Year 1,241,897		(b) End (	of Year 1,252,790			
В		abilities	from line 7a)	7a	1,241,887		(b) End (	1,252,790			
	Net plan as	abilities ets (subtract line 7b		7a	1,241,887			1,252,790			
1000	Net plan as Income, Ex	abilities sets (subtract line 7b senses, and Transfel	rs for this Plan Year	7a	1,241,887			1,252,790			
a	Net plan as Income, Ex	abilities lets (subtract line 7b lenses, and Transfel Syreceived or receive	rs for this Plan Year	7a 7b 7c	1,241,887			1,252,790			
1000	Net plan as Income, Ex Contribution (1). Employ	abilities sets (subtract line 7b refises, and Transfer speceived or receive ers.	rs for this Plan Year	7a 7b 7c	1,241,887			1,252,790			
1000	Net plan as Income, Ex Contributor (1) Employ (2) Particip	abilities lets (subtract line 7b enses, and Transfer streceived or receive ers.	rs for this Plan Year	7a 7b 7c 8a(1) 8a(2)	1,241,887			1,252,790			
a	Net plan as Income, Ex Contribution (1) Employ (2) Particip (3) Others	abilities sets (subtract line 7b senses, and Transfer speceived or receive ers. ants including rollovers).	rs for this Plan Year	7a 7b 7c 8a(1) 8a(2) 8a(3)	1,241,887 1,241,887 (s) Amount			1,252,790			
a	Net plan as Income, Ex Contribution (1) Employ (2) Particip (3) Others Other incom	abilities sets (subtract line 7b refises, and Transfer sycceived or receive ers. ants including rollovers). e (loss)	rs for this Plan Year able from:	7a 7b 7c 8a(1) 8a(2) 8a(3)	1,241,887			1,252,790  1,252,790  otal			
abc	Net plan as income, Ex Contribution (1). Employ (2) Particip (3) Others Other incom	abilities lets (subtract line 7b refises, and Transfer streceived or receive ans including rollovers) e (loss) e(add lines 8a(1), 8a	rs for this Plan Year able from:	7a 7b 7c 8a(1) 8a(2) 8a(3)	1,241,887 1,241,887 (s) Amount			1,252,790			
a	Net plan as income, Ex Contribution (1). Employ (2) Particip (3) Others Other incom Total incom Benefite pa	abilities lets (subtract line 7b refises, and Transfer sycceived or receive ents including rollovers) e (loss) e(add lines 8a(1), 8a d (including direct rol	rs for this Plan Year able from:	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	1,241,887 1,241,887 (s) Amount			1,252,790  1,252,790  otal			
a b c d	Net plan as income, Ex Contribution (1) Employ (2) Particip (3) Others Other incom Total incom Benefits parto provide b	abilities  lets (subtract line 7b refises, and Transfer speceived or receive ars.  ants including rollovers). e (loss) e (add lines 8a(1), 8a d (including direct rolenefits)	able from:  able from:  (2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	1,241,887 1,241,887 (s) Amount			1,252,790  1,252,790  otal			
abc	Net plan as income, Ex Contribution (1). Employ (2) Particip (3) Others Other incom Total incom Benefits parto provide b Certain dea	abilities lets (subtract line 7b refises, and Transfer streceived or receive arts including rollovers). e (loss) e (add lines 8a(1), 8a d (including direct rol enefits) med and/or corrective	able from:  a(2), 8a(3), and 8b)  a(distributions) (aee instructions)		1,241,887 1,241,887 (s) Amount			1,252,790  1,252,790  otal			
a b cd	Net plan as income, Ex. Contribution (1). Employ (2) Particip (3) Others Other incom Total incom Benefits parto provide to Certain dea Administrati	abilities lets (subtract line 7b refises, and Transfer specieived or receive ants including rollovers). e (loss) e (add lines 8a(1), 8a d (including direct rol enefits) med and/or corrective e service providers	able from:  able from:  (2), 8a(3), and 8b)		1,241,887  1,241,887  (a) Amount  18,413			1,252,790  1,252,790  otal			
a b cd e f g	Net plan as Income, Ex Contribution (1) Employ (2) Particip (3) Others Other incom Benefits patto provide b Certain dea Administrati	abilities sets (subtract line 7b) refises, and Transfer seceived or receive ents including rollovers) e (loss) e(add lines 8a(1), 8a d (including direct rolenefits) med and/or corrective ve service providers ses	able from:  (2), 8a(3), and 8b)  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		1,241,887 1,241,887 (s) Amount			1,252,790  1,252,790  otal			
a b cd	Net plan as income, Ex Contribution (1) Employ (2) Particip (3) Others Other income Total income Benefits parto provide be Certain dea Administrati Other experented of the Control of the	abilities lets (subtract line 7b refises, and Transfer speceived or receive ars. ants including rollovers). e (loss) e (add lines 8a(1), 8a d (including direct role energies) med and/or corrective ve service providers ses (add lines 8d, 8e	able from:  (2), 8a(3), and 8b)  (a) allovers and insurance premiums  (a) distributions (see instructions) (a)		1,241,887  1,241,887  (a) Amount  18,413			1,252,790  1,252,790  otal			
a b cd e f g	Net plan as income, Ex Contribution (1) Employ (2) Particip (3) Others Other income Total income Benefits part to provide to Certain dea Administrati Other experiments of the Certain dea Administrati Other experiments income	abilities lets (subtract line 7b refises, and Transfer streceived or receive arts including rollovers). e (loss) e (add lines 8a(1), 8a d (including direct rol enefits) med and/or corrective ve service providers ses less (add lines 8d, 8e (loss) (subtract line 8	able from:  (2), 8a(3), and 8b)  (a) allovers and insurance premiums  (a) distributions (see instructions) (a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	1,241,887  1,241,887  (a) Amount  18,413			1,252,790  1,252,790  otal  18,413			

		LF.								
	- X-U									
	Form 5	500-SF 2010	Pa	ge <b>2-</b>		_				
	Pla	n Characteristics								
		ovides pension benefits, enter the applicable pension feature	e codes from the List	of Plan Characteris	atic Co	odes	In the i	nstructions:		
h	. 2x 3	D pvides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Characterist	ic Co	des In	the in	structions:		
	· 4B									
Fei	и Соп	pliance Questions			T	Yes	No	Am	ount	
10	During the	plan year: a fallure to transmit to the plan any participant contribution v	within the time nerion	described in	1	1 63		All	IDUIT	
a	29 CFR 25	10.3-1027 (See instructions and DOL's Voluntary Fiduciary	Correction Program)		10a		Х			
b		e any nonexempt transactions with any party-in-interest? (Do	o not include transact	tions reported	10b	ř.	ж			
	٠	an covered by a fidelity bond?			10c	x			:	250,000
d		In have a loss, whether or not reimbursed by the plan's fideli	ity bond, that was ca	used by fraud						
-	or dishone				10d		х			
е	Were any	fees or commisions paid to any brokers, agents, or other per services or other organization that provides some or all of th	rsons by an insurance	e carrier,						e
		\$.)	to periority or other rice		10e		х			
f	Has the p	an failed to provide any benefit when due under the plan? .			10f		ж			
g		n have any participant loans? (If "Yes," enter amount as of			10g		ж	000	And high ray of the	me water was sured
h	If this is a	individual account plan, was there a blackout period? (See	instructions and 29 (	CFR	10h		x		40	
í	If 10h was	answered "Yes," check the box if you either provided the re	quired notice or one	of the					Additional t	100122
STREET	exception	to providing the notice applied under 29 CFR 2520.101-3.			10i			Execution The		
11	N Pen	sion Funding Compliance efined benefit plan subject to minimum funding requirements	2 (If "Vac " too Instri	uctions and comple	to Sot	nodule nodule	ss /F	Form		
77	55Q0))	anned benefit plan subject to infill full full full full full full full		denotes and comple	-	,	* * *		Yes	X No
12		efined contribution plan subject to the minimum funding requ		412 of the Code or a	section	n 302	of ER	I\$A?	Yes	X No
		complete 12a or 12b, 12c, 12d, and 12e below, as applicable					45	d-1d1 l-1	· • ·	
а	If a waive granting t	fif the minimum funding standard for a prior year is being ar the waiver	mortized in this plan	year, see instruction	18, an h	a ente	er the c Day	tate of the let	ter ruling ear	
If	you comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and s	klp to line 13.						
k		minimum required contribution for this plan year				.  -	12b			
c		amount contributed by the employer to the plan for this plan ne amount in line 12c from the amount in line 12b. Enter the				.  -	12¢			
C	negative i					. ل	12d			
6	Will the m	inimum funding amount reported on line 12d be met by the f	funding deadline? .			-		Yes [	No	□ N/A
Pai	C. C	n Terminations and Transfers of Assets							□V <sub>00</sub>	X No
1 <b>3</b> a		olution to terminate the plan been adopted during the plan ye		3		, Ļ	42-		Tes	E INO
		nter the amount of any plan assets that reverted to the employer that reverted to the employer that assets distributed to participants or beneficiaries, tra		lan or brought und	er the	- Cont	13a		-	
I.	of the PB	\$67							Yes	X No
C	If during t	ais plan year, any assets or liabilities were transferred from thets or liabilities were transferred. (See Instructions.)	his plan to another pl	an(s), identify the p	lan(s)	to				
	13c(1) Nam					13	ic(2) E	IN(s)	13c(3)	PN(s)
										(144
	٠	,								
Cau	tion: A pens	lty for the late or incomplete filing of this return/report w	/iii be assessed uni	ess reasonable ca	use is	esta	blishe	d.		
5B (	r Schedule	of perjury and other penalties set forth in the instructions, I do AB completed and signed by an enrolled actuary, as well as perfect, and complete.	eclare that I have exa the electronic version	amined this return/re n of this return/repo	port, rt, and	includ to th	ding, if ne best	applicable, a of my knowle	Schedule dge and	
) DIE	//:	allord & Lindon	10/6/11	Walford Lind	0					
	Signa	ure of plan administrator	Date	Enter name of Indi		l sign	ing as	plan administ	rator	
	1/1	Bhothord & Kindo Lin)	10/6/11	Walford Lind						
	<b>1</b> /4	uto of amployating property	Date	Enter name of ind		aion	ina se	employer of r	len soon	sor