## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	► Complete all entries in ac	cordance wit	h the instructions to the Form 5500	O-SF.	'		
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/	2011	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is:	=	eturn/report	l		·	
-		H	•				
	an amended return/report	H '	an year return/report (less than 12 mo	ontns) '			
С	Check box if filing under:	automatio	extension		DFVC progra	m	
	special extension (enter descr	ription)					
Pa	art II Basic Plan Information—enter all requested inf	ormation					
	Name of plan			1b	Three-digit		
WAL	FORD B. LINDO, M.D., P.C. PROFIT SHARING PLAN				plan number		
					(PN) <b>▶</b>	001	
				1c	Effective date of	plan	
					01/01/	1983	
	Plan sponsor's name and address; include room or suite number	er (employer, if	for a single-employer plan)	2b	Employer Identif		er
VVAL	FORD B. LINDO, M.D., P.C.				(EIN) 11-263	32636	
				2c	Sponsor's teleph		
	GLENWOOD ROAD				718-859		
BRO	OKLYN, NY 11210			2d	Business code (		ıs)
					62111		
	Plan administrator's name and address (if same as plan sponsor FORD B. LINDO, M.D., P.C. 3304 GLE	r, enter "Same NWOOD ROA		3b	Administrator's E	EIN 32636	
VVAL		YN, NY 11210		30			har
				30	Administrator's to 718-859		bei
4	If the name and/or EIN of the plan sponsor has changed since t	he last return/	report filed for this plan, enter the	4b	FIN		
-	name, EIN, and the plan number from the last return/report.		repert med for time plant, erries the				
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			3
b	Total number of participants at the end of the plan year			5b			7
С	Number of participants with account balances as of the end of t						
•	complete this item)		•	5c			7
6a	Were all of the plan's assets during the plan year invested in e	ligible assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and repor	t of an indeper	ndent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	lity and condit	ions.)			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot us	e Form 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	1252790			1098490	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1252790			1098490	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,		(~) !		
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)						
b	Other income (loss)		-133303				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-133303	
d	Benefits paid (including direct rollovers and insurance premium						
u	to provide benefits)		11210				
е	Certain deemed and/or corrective distributions (see instructions						
f	Administrative service providers (salaries, fees, commissions)		9787				
	Other expenses						
g	•					20997	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)						
ı	Net income (loss) (subtract line 8h from line 8c)					-154300	
J	Transfers to (from) the plan (see instructions)	····· 8j					

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## 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:

2E 3

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art		Compliance Questions				ī			
0		g the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	Χ					250000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		Х				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X				
f	Has th	he plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		Х				
i		was answered "Yes," check the box if you either provided the required notice or one of the bitions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance		I					
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com)					[	Yes	X No
2		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Ye	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						-	_
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.							
lf y	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)		[	12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets				·			
3a	Has a	resolution to terminate the plan been adopted in any plan year?			П	'es X	No		
		s," enter the amount of any plan assets that reverted to the employer this year	_	3a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?		the co	ontrol			Yes	X No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)		L	4	
1	3c(1) N	Name of plan(s):		13	c(2) EII	N(s)		13c(3	) PN(s)
						•		•	
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Jnde	r penal	Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this ret	urn/re	port, ir	ncluding	g, if appl	icable,	a Sch	edule

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.	10/05/2012	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.	10/05/2012	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 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For the calendar plan year 2011 or fiscal plan year beginning 12/31/2011 01/01/2011 and ending a multiple-employer plan (not multiemployer) A This return/report is for: a single-employer plan a one-participant plan B 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 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information. 1b Three-digit 1a Name of plan plan number WALFORD B. LINDO, M.D., P.C. PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1983 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number WALFORD B. LINDO, M.D., P.C. (EIN) 11-2632636 2c Plan sponsor's telephone number (718) 859-0008 3304 GLENWOOD ROAD 2d Business code (see instructions) 621111 BROOKLYN NY 11210 Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN SAME 3c Administrator's telephone number 4b EIN 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. 4c PN Sponsor's Name 5a 5a Total number of participants at the beginning of the plan year . . . 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities Total plan assets . 7a 1,252,790 1,098,490 Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 1,252,790 1,098,490 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: ი (1) Employers . . . . . 8a(2) (2) Participants (3) Others (including rollovers). 8a(3) Other income (loss) . . . (133,303)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . . . (133,303)Benefits paid (including direct rollovers and insurance premiums 11,210 8d Certain deemed and/or corrective distributions (see instructions) 8e 9,787 Administrative service providers (salaries, fees, commissions) . 8f Other expenses . . . . . 8g 20,997 Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h (154,300)Net income (loss) (subtract line 8h from line 8c). 8i Transfers to (from) the plan (see instructions)

		Form 5500-8F 2011	Pa	ge 2-		_					
Pa	rt IV	Plan Characteristics			•						
9a	If the	plan provides pension benefits, enter the applicable pension feature of 2E 3D	codes from the List	of Plan Characte	ristic C	codes	in the i	inetructions:			
Ь	If the	plan provides welfare benefits, enter the applicable welfare feature of 4B	odes from the List o	of Plan Characteri	stic Co	des ir	n the in	structions:			
Pa	rt V	Compliance Questions									
10	D	ring the plan year:				Yes	No	Ar	nount		
	28	as there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co are there any nonexempt transactions with any party-in-interest? (Do n	orrection Program)		10a	•	ж				
					10Ь		ж				
C	. w	ge the plan covered by a fidelity bond?			10c	ж			250,000		
d	Di	I the plan have a loss, whether or not reimbursed by the plan's fidelity dishonesty?	bond, that was cau		10d		ж				
8	ine	ere any feas or commisions paid to any brokers, agents, or other panic arrance services or other organization that provides some or all of the tructions.)	ons by an insurance benefits under the	plan? (Şee	100	·	ж				
f	Ha	s the plan failed to provide any benefit when due under the plan? .			10f		x				
g	J DI	the plan have any participant loans? (if "Yes," enter amount as of ye	ar end.)		10g		ж				
h		nie ie an Individual account plan, was there a blackout period? (See in 20.101-3.)			10h		ж				
1	lf ex	Oh was answered "Yes." check the box if you either provided the requ ceptions to providing the notice applied under 28 CFR 2520.101-3.	alred notice or one	of the	101						
		Pension Funding Compliance									
11		this a defined benefit plan subject to minimum funding requirements?		ctions and comple	ete Sc	hedule	3 SB (F	om	Yes X No		
12	ls	this a defined contribution plan subject to the minimum funding require "Yes," complete 12a or 12b. 12c, 12d, and 12e below. as applicable.)		12 of the Code or	section	n 302	of ER	ISA?	Yes KNo		
a	lf:	walver of the minimum funding standard for a prior year is being amo	ortized in this plan y	ear. see instruction	one, ar ith	nd entr	er the c	late of the let	ter ruling ear		
[f		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F				_	400				
b		ter the minimum required contribution for this plan year					120				
d	Sı	ter the amount contributed by the employer to the plan for this plan ye biract the amount in line 12c from the amount in line 12b. Enter the re pative amount)	sult (enter a minus	sign to the left of			12c 12d				
8		Il the minimum funding amount reported on line 12d be met by the fun	iding deadline? .					Yes [	□No □N/A		
Par	t VI										
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?				<b>.</b> .		1 + + 1	Yes X No		
	If'	Yes," enter the amount of any plan assets that reverted to the employe	er this year				13a				
b	of	are all the plan assets distributed to participants or beneficiaries, transitie PBGC?				, .	) lor		Yes X No		
¢		luring this plan year, any assets or liabilities were transferred from this ich assets or liabilities were transferred. (See instructions.)	plan to another pla	ın(s), identify the i	plen(s)	lo					
	13c(	1) Name of plan(s):			-	13	c(2) El	N(6)	13c(3) PN(s)		
			***************************************								
		A penalty for the late or incomplete filing of this return/report will									
\$Ø a	r Sch	alties of perjury and other penalties eet forth in the Instructions, I deck edule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete.									
-	GN	Walterd & Ludo 1	0/5/17 -	Walford Line	do				•		
_	ire Ire	Signature of plan administrator	ate	Enter name of inc		ingla l	ng as i	pian administ	rator		
	SN		015/12	Walford Line	•						
					of individual eigning as employer or plan sponsor						