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

2011

This Form is Open to Public Inspection

| Part II Annual Report Identification Information and ending (03/2012) | | Complete all entries in accord | ance with | n the instructions to the Form 55 | 00-SF. | | | | |
|--|-------|---|---|---------------------------------------|----------|---------------------------------------|--|--|--|
| A This return/report is for: B This return/report is: the first return/report is: an amended return/report is: Part III Basic Plan Information—enter all requested information 1a Name of plan R. RICHARD LEINHARDT, M.D., P.C. PROFIT SHARINS PLAN & TRUST 2a Plan aponsor's name and address, include room or sulte number (employer, if for a single-employer plan) R. RICHARD LEINHARDT, M.D., P.C. PROFIT SHARINS PLAN & TRUST 2a Plan aponsor's name and address, include room or sulte number (employer, if for a single-employer plan) R. RICHARD LEINHARDT, M.D. P.C. 2a Plan aponsor's name and address, include room or sulte number (employer, if for a single-employer plan) R. RICHARD LEINHARDT, M.D. P.C. 2b Employer plan in unmber (EIN) 13-3105.230 C. Sponsor's shapen enumber 212-593-8821 2c Sponsor's name and address, include room or sulte number (employer, if for a single-employer plan) R. RICHARD LEINHARDT, M.D. P.C. 2c Sponsor's name and address, include room or sulte number (employer, if for a single-employer plan) R. RICHARD LEINHARDT, M.D. P.C. 2d Businessory 2d Businessory 2d Businessory 2d Businessory 2d Businessory 2d Businessory 3d Administrator's name and address, include room or sulte number (employer, if for a single-employer plan) 2d Businessory 2d B | | | | | | | | | |
| B This return/eport is: | For | calendar plan year 2011 or fiscal plan year beginning 11/01/2011 | 1 | and ending | 10/31/2 | 012 | | | |
| C Check box if filing under: Sem 5588 | Α . | This return/report is for: X a single-employer plan | a multiple-employer plan (not multiemployer) a one-participant plan | | | | | | |
| C Check box if filing under: Special extension DFVC program DF | В | This return/report is: the first return/report | the final r | eturn/report | | | | | |
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| Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 002 1c Effective date of plan 101/11898 102/1189 | C | Check box if filing under: | automatic | extension | | DFVC program | | | |
| Part II Basic Plan Information—enter all requested information | | | n) | | ı | | | | |
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| a Sponsor's name 5a Total number of participants at the beginning of the plan year | 4 | | ast return/ | report filed for this plan, enter the | 4b EIN | | | | |
| 5a Total number of participants at the beginning of the plan year 5a b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5b 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ✓ Yes No b 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.) ✓ Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1 Total plan assets (subtract line 7b from line 7a) 7c 1266914 1397468 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (a) Other (income (loss) 8b 130554 130554 b Other income (loss) 8b 130554 130554 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 130554 c Certain deemed and/or c | а | · | | | 4c | PN | | | |
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| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | - Ou | | | | |
| Complete this item). Sc Complete this item Sc Complete this item). Sc Complete this item Sc Complete this | | | | | . 30 | | | | |
| 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.). If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1 266914 1 397468 b Total plan assets. 7a 1266914 1 397468 b Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 7 C 1266914 1 397468 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) 8a(2) (3) Other income (loss) 8b 130554 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 130554 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 10 e Certain deemed and/or corrective distributions (see instructions) 8d 10 G Other expenses 8d | C | · | • , | · | . 5c | | | | |
| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) | 6a | Were all of the plan's assets during the plan year invested in eligible | e assets? | (See instructions.) | | 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. Part III Financial Information Financial Information | b | | | | | | | | |
| Part III Financial Information 7 Plan Assets and Liabilities | | ` | | • | | X Yes No | | | |
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| a Contributions received or receivable from: (1) Employers | | | 7c | 1266914 | | 1397406 | | | |
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| (2) Participants | а | | 82(1) | | | | | | |
| (3) Others (including rollovers) | | | | | | | | | |
| b Other income (loss) | | . , | | | | | | | |
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| h Total expenses (add lines 8d, 8e, 8f, and 8g) | g | Other expenses | 8g | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | 0 | | | |
| j Transfers to (from) the plan (see instructions) | i | | 8i | | | 130554 | | | |
| · · · · · · · · · · · · · · · · · · · | j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |

| Form | 5500. | SF. | 201 |
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| Part IV | Plan | Charac | teristics |
|---------|---------|--------|-----------|
| railiv | ı Fiaii | Charac | teristics |

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

| art | V Compliance Questions | | | | | | | |
|-----|--|---------|----------|------------|-------|-----|--------|--------|
| 0 | During the plan year: | | Yes | No | | Amo | unt | |
| | 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 | | X | | 7 | - | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | Χ | | | | | 150000 |
| d | | | | | | | | |
| е | 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.) | 10e | | 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.) | 10q | | Χ | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | | | |
| İ | 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 | | | | | | |
| art | VI Pension Funding Compliance | | | | 1 | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | П | Yes | X No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | Yes | X 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 instruction granting the waiver | | | | | | | |
| | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | 12h | | | | |
| | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | of a | | 12c 12d | | | | |
| • | negative amount) | | <u> </u> | | ☐ Yes | П | 10 F | N/A |
| | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | 163 | | NO | IN/A |
| art | | | | | V V | No | | |
| Sa | Has a resolution to terminate the plan been adopted in any plan year? | | | | Yes X | INO | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC? | under | the co | ntrol | | П | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | ne plar | n(s) to | | | | | |
| 1 | Sc(1) Name of plan(s): | | 130 | c(2) E | IN(s) | | 13c(3) | PN(s) |
| | | | | | | | | |
| | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | | | | | | | |
| | penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ | | | | | | | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 07/12/2013 | RICHARD LEINHARDT |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 07/12/2013 | RICHARD LEINHARDT |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |