Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan								OMB Nos. 1210-0110 1210-0089			
		tment of the Treasury nal Revenue Service	This form is required to be filed u	e	2	012					
Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration							This Form i	s Open to Public			
P	Pension Be	nefit Guaranty Corporation)-SF.	Ins	pection						
	art I		entification Information			0/04/	2010				
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012											
		urn/report is for:			an (not multiemployer)		a one-particip	oant plan			
B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months)											
			nonths)								
C Check box if filing under:							DFVC program				
			special extension (enter description)								
	art II		nation—enter all requested information	on		41					
	Name	of plan 8. LINDO, M.D., P.C. PR				10	Three-digit plan number				
VVAL	FORD	5. LINDO, WI.D., F.C. FR	OFTI SHARING FLAN				(PN)	001			
					-	1c	Effective date of	f plan			
							01/01/	(1983			
		oonsor's name and addre B. LINDO, M.D., P.C.	ess; include room or suite number (emp	ployer, if for a single-e	employer plan)	2b		fication Number 32636			
3304	GLEN	VOOD ROAD				2c	Sponsor's telep 718-859				
BRO	OKLYN	, NY 11210				2d	Business code (62111				
3a	Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
					-	20	Administrator's telephone number				
4	name,	EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN				
	· ·	or's name	the beginning of the plan year			4c	PN T	7			
-					-	5a		7			
			the end of the plan year			5b	4				
C			count balances as of the end of the pla			5c		4			
6a			uring the plan year invested in eligible					X Yes No			
	Are yo	ou claiming a waiver of th	e annual examination and report of an	independent qualified	d public accountant (IQF	PA)					
			See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot					X Yes 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. 10/01/2013					WALFORD B LINDO M						
HE	RE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator						
SIG		Filed with authorized/va	h authorized/valid electronic signature. 10/01/2013 WALFORD B LIND		WALFORD B LINDO M	١D					
HE		Signature of employe		Date	Enter name of individu						
Pre	parer's	name (including firm nan	ne, if applicable) and address; include r	room or suite number	(optional)	Prep	parer's telephone	number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

L

i ai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	109849	0			1190519
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	109849	0			1190519
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	a (1)					
	(1) Employers	8a(1)					
	 (2) Participants	8a(2)			_		
b	(3) Others (including rollovers) Other income (loss)	8a(3)	10422	2			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	10422	.5			104222
	Benefits paid (including direct rollovers and insurance premiums						104223
	to provide benefits)	8d	116	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1103	4			
g	Other expenses	8g					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		12194
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		92029
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j					
b Par	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Coc	es in the	e instructions:
10	During the plan year:				Yes	No	• · ·
a							Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	X	Amount
		uciary Correc ? (Do not inc	tion Program)	10a 10b			Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correc ? (Do not inc	tion Program)		X	х	Amount 250000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	(Do not inc fidelity bond	tion Program) Iude transactions reported	10b		х	
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c		x x	
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e		x x x x x	
b c d e f	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f		x x x x x x	
b c d e f	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruction he required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x x x x	
b c d e f	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruction he required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	
b c d e f f h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? is of year enc (See instruction he required n 1-3 hents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Iule SB	250000
b c d e f g h i I Part	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	in construction (See instruction) (See instructi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X X Iule SB	250000
b c d e f g h i Part	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan have any participant loans? (If "Yes," enter amount a 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? 	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X X Iule SB	250000
b c d e f g h i l l 11a 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year enc (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	Scheo 	X X X X X X X X X Iule SB (11a 302 of E	(Form
b c d e f g h i l l 11 12 a	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. 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 beir granting the waiver. 	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i e or se	Scheo 	X X X X X X X X X Iule SB (11a 302 of E	(Form
b c d e f g h i l l 11a 12 a lf	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan have any participant loans? (If "Yes," enter amount a 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 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 set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the prior year is being the minimum funding standard for a prior year is being the prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the prior ye	iciary Correc ? (Do not inc fidelity bond fidelity bond of the benefit n? is of year enc (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud , the plan? (See , that was caused by fraud , the plan? (See , the plan? , that was caused by fraud , the plan? , the pl	10b 10c 10d 10f 10g 10h 10i 00 e or see	Scheo 	X X X X X X X X X Iule SB (11a 302 of E	(Form

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 of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	rt VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
С	C 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Earm EEAA SE	Short Form Annual R	aturn/Report	of Small Employ	100		OMB Nos. 1210-0110	
Department of the Treasury	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan						
Internel Revenue Service	е	2012					
Copertment of Labor Employee Benefite Security Administration	ection 6057(b) and 6058 Code).	i(a) of	This Form	is Open to Public			
Pension Banafit Guaranty Corporation	0-8F.	1	nepection				
	Complete all entries in accord dentification information						
For calendar plan year 2012 or fisc		01/01/2012	and ending	12	/31/2012		
- AND AND ALL - AND	x a single-employer plan		olan (not multiemployer)	L	a one-partici	ipant plan	
B This return/report is:	the first return/report	the final return/report					
	an emended return/report	a short plan year retu automatic extension	m/report (less than 12 m	ionths)	7		
C Chack box if filing under:	L	DFVC progr	ອກ				
	special extension (enter description						
Part II Basic Plan Infor 12 Name of plan	nation — enter all requested info	metion		146	Three-digit	1	
				1 1	plan numbar		
WALFORD B. LINDO, M.	.D., F.C. PROFIT SHARING	PLAN		The state of the s	(PN) > Effective date of	001	
					01/01/1983		
2a Plan sponsor's name and add WALFORD B, LINDO, M.	kass; include room or suite number (e	employer, if for a single	-employer plan)		• •	tification Number	
WOLLFORD B, LINDO, M.	.D., F.C.				(EIN) 11-26		
					Sponsor's teler (718) 859-	hone number	
3304 GLENWOOD ROAD						(see Instructions)	
US BROOKLYN	NY 11210				621111		
3a Plan administrator's name and	1 address X Same as Plan Sponso	or Name 🔲 Same as	Plan Sponsor Address	36 /	Administrator's	EIN	
				30	Administrator's	telephone number	
					un egyanne -		
4 If the name and/or EIN of the name, EIN, and the plan number	plan sponsor has changed since the l	last return/report filed	or this plan, enter the	4b (EIN		
a Sponsor's name	ber from the last return/report.			4c 1	ÐN		
	t the beginning of the plan year	-		5a		7	
	I the end of the plan year			5b		4	
	count balances as of the end of the p			5c		4	
	uring the plan year invested in eligible		lione)			XYes No	
	he annual examination and report of a				.bêladanênêrêrê beşan		
	See instructions on waiver eligibility a					XYes No	
The second s	er line 8s or line 8b, the plan cann			COLUMN TWO IS NOT THE			
	r incomplete filing of this return/re						
	er penalties set forth in the instruction of signed by an enrolled actuary, as w						
bellef, it is true, correct, and compl	lete.						
SIGN Macdord	shudom)	9/28/13	Walford Lindo				
HERE Signature of plan admin	nistrator	Date /	Enter name of individue	al signin	g as plan admi	inistrator	
SIGN Walford	phinds HD	9/28/13					
HERE Signature of employer/		ual signing as employer or plan sponsor					
Preparer's name (including firm na	ime, if applicable) and address; includ	de room or suite numb	er (optional)	Prepa	rer's telephone	number (optional)	
						•	
For Paperwork Reduction Act N	otice and OMB Control Numbers, a	tee the instructions f	or Form 6600-8F.		P	orm 5500-8F (2012)	

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Pa	Part III Financial Information							
7	Plan Assets and Liabilities	sets and Liabilities (a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	1,098,49	90		1,190,519		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,098,49	90		1,190,519		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from:	0.40						
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
b	(3) Others (including rollovers)	8a(3)	104.00					
	Other income (loss)	8b	104,22	23		123		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		104,223	
u	to provide benefits)	8d	1,10	60				
е	Certain deemed and/or corrective distributions (see instructions)	8e				199		
f	Administrative service providers (salaries, fees, commissions)	8f	11,03	34		1.52.24		
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12,194	
i	Net income (loss) (subtract line 8h from line 8c)	8i		1. 8			92,029	
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt 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 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 							
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а		ions within iary Correc	the time period described in ction Program)	10a	100	x	Amount	
b		(Do not ir	clude transactions reported	10b		x		
С				10c	x		250,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bon	d, that was caused by fraud	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or othe			lou				
	insurance service or other organization that provides some or all of	f the benef	its under the plan? (See					
2020	instructions.)	and the second se		10e		X		
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	of year er	nd.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)			10h		x		
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	e required	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	10i				
Pa	t VI Pension Funding Compliance	×						
11								
11a	a Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding r						RISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	d in this plan year, see instructi Mon	ons, a ith _	and en	ter the Da	e date of the letter ruling y Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

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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?	Ye	es 🕱 No	D		
	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, transferred to another plan, or brought under the con of the PBGC?		C	Yes X No		
C 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.)						
1	3c(1) Name of plan(s): 13c	(2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust						