Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

1 611310	on benefit duaranty dorporation				This Form is Open to Public Inspection	;	
Part I	Annual Report Iden	tification Information					
For cale	ndar plan year 2009 or fiscal			and ending 12/31/	2009		
A This	return/report is for:	a multiemployer plan;	a multip	ole-employer plan; or			
a single-employer plan; a DFE (specify)							
		<u></u>	_				
B This	return/report is:	the first return/report;	the fina	I return/report;			
		an amended return/report;	a short	plan year return/report (less t	han 12 months).		
C If the	plan is a collectively-bargaine	ed plan, check here					
D Chec	k box if filing under:	X Form 5558;	X automa	tic extension;	the DFVC program;		
2 000	. v v v v v v v v v v v v v v v v v v v	special extension (enter de					
Part	II Rasic Plan Inform	nation—enter all requested inform	. ,				
	ne of plan	nation—enter all requested lillom	iation		1b Three-digit plan		
	M SCHWARTZ MD PC MON	EY PURCHASE PLAN			number (PN) ▶	001	
					1c Effective date of plan		
					10/09/1981		
	i sponsor's name and addres: ress should include room or s	s (employer, if for a single-employer	r plan)		2b Employer Identification Number (EIN)		
	M SCHWARTZ MD PC	oute no.)			13-3086093		
					2c Sponsor's telephone		
					number 212-628-1800		
23 EAST	79TH STREET		79TH STREET		2d Business code (see		
NEW YC	DRK, NY 10075	NEW YO	ORK, NY 10075		instructions)		
					621111		
Caution	: A penalty for the late or in	complete filing of this return/repo	ort will be assessed	d unless reasonable cause	is established.		
		penalties set forth in the instructions					
statements and attachments, 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 HERE	Filed with authorized/valid ele	ectronic signature.	10/08/2010	CLARE CASTELLANOS			
HEKE	Signature of plan adminis	trator	Date	Enter name of individual s	signing as plan administrator		
	<u> </u>						
SIGN							
HERE	Signature of employer/pla	in sponsor	Date	Enter name of individual s	signing as employer or plan spons	or	
	, , , , , ,	•					
SIGN							
HERE			+	+			

Date

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

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)	Page 2	_	
BA 23	Plan administrator's name and address (if same as plan sponsor, enter "Same RRY M SCHWARTZ MD PC EAST 79TH STREET W YORK, NY 10075	e")	13-3 3c Adr nur	ministrator's EIN 8086093 ministrator's telephone mber -628-1800
4	If the name and/or EIN of the plan sponsor has changed since the last return/the plan number from the last return/report:	report filed for this plan, enter the nam	e, EIN and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	3
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	3
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a, 6b, and 6c		6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	eive benefits	<u>6e</u>	
f	Total. Add lines 6d and 6e		6f	3
g	Number of participants with account balances as of the end of the plan year (complete this item)		6g	3
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only r	multiemployer plans complete this item	7	
_	If the plan provides pension benefits, enter the applicable pension feature codes C The plan provides welfare benefits, enter the applicable welfare feature codes			
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check (1) Insurance (2) Code section 412 (3) X Trust (4) General assets of	(e)(3) insurance	e contracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are att	tached, and, where indicated, enter the	number attach	ned. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money	b General Schedules (1) H (Financial (2) I (Financial	Information) Information – S	Small Plan)

(3)

(4)

(5)

(6)

A (Insurance Information)C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2009

	pursuant to ERISA section 103(a)(2).						
For calendar plan year 200	09 or fiscal pla	n year beginning 01/01/2009	а	nd ending 1	2/31/2009	•	
A Name of plan BARRY M SCHWARTZ M	ID PC MONE	Y PURCHASE PLAN		Three-digit plan number (F	PN) •	001	
	C Plan sponsor's name as shown on line 2a of Form 5500. BARRY M SCHWARTZ MD PC D Employer Identification Number (EIN) 13-3086093						
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance cal		,					
	(-) NIAIO	(A) Ocalization	(e) Approximate number	of	Policy or co	ntract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year	of	f) From	(g) To	
	70254	61900470	1	03/05/2	2009	03/05/2010	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid				b) Total amoun	t of fees paid		
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persor	ns).			
	(a) Name a	and address of the agent, broker	, or other person to whom com	missions or fee	es were paid		
(b) Amount of sales ar	nd base	Fe	es and other commissions paid	d			
commissions pai	d	(c) Amount	(d) Pu	rpose		(e) Organization code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
	,	,	•		,		
(b) Amount of sales ar	nd base	Fe	es and other commissions paid	t			
commissions pai		(c) Amount	(d) Pu	rpose		(e) Organization code	

Schedule A (Form 5500)	2009	Page 2- 1				
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d			
	I					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai				
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrier may	be treated	d as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year en			5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection witl	h the acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶		ion guarantee		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
	_	(6)Total additions			7c(6)	
		Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	• •			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract e(5) from d)			7f	

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loyer(s) or members of the same employee ence-rated as a unit. Where contracts cove a unit for purposes of this report.

		If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.						
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b	ental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f 🗌 Lo	ong-term disabilit	ty g	Supplemental unemp	oloyment	h Prescription drug
	i [Stop loss (large deductible)	ј 🛮 н	MO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)						
9	Ехре	erience-rated contracts:						
	а	Premiums: (1) Amount received			9a(1)			
		(2) Increase (decrease) in amount due but unpaid	I		9a(2)			
		(3) Increase (decrease) in unearned premium rese	erve		9a(3)			
		(4) Earned ((1) + (2) - (3))					9a(4)	
	b	Benefit charges (1) Claims paid			9b(1)			
		(2) Increase (decrease) in claim reserves			9b(2)			
		(3) Incurred claims (add (1) and (2))					9b(3)	
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n an acc	rual basis)	_			
		(A) Commissions			9c(1)(A)			
		(B) Administrative service or other fees			9c(1)(B)			
		(C) Other specific acquisition costs						
		(D) Other expenses			9c(1)(D)			
		(E) Taxes			9c(1)(E)			
		(F) Charges for risks or other contingencies						
		(G) Other retention charges			9c(1)(G)		ı	
		(H) Total retention					9c(1)(H)	
		$\begin{tabular}{ll} \end{tabular} \begin{tabular}{ll} \end{tabular} \beg$	amounts	s were 📗 paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)) Amoun	t held to provide	benefits after	r retirement	9d(1)	
		(2) Claim reserves					9d(2)	
		(3) Other reserves					9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include	e amount entered	d in c(2) .)		. 9e	
10		nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to ca	arrier				10a	
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than repo	•			•	10b	
	Sp	ecify nature of costs						

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Schedule A (Form 5500) 2009

Part III

Welfare Benefit Contract Information

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

			inspection
For calendar plan year 2009 or fiscal plan year beginning	01/01/2009	and ending 12	/31/2009
A Name of plan BARRY M SCHWARTZ MD PC MONEY PURCHASE PLAN		B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRY M SCHWARTZ MD PC		D Employer Identificati 13-3086093	on Number (EIN)

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	439850	505897
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	439850	505897
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	50805	
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	15242	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		66047
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans	2		
h	(see instructions)			
n i	Administrative service providers (salaries, fees, and commissions) Other expenses	2h 2i		
	•			
J V	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)			66047
K	Net income (loss) (subtract line 2j from line 2d)			00047
	Transfers to (from) the plan (see instructions)	. 2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
е	Participant loans	3e		X	

Schedule I (Form 5500) 2009	Page 2- 1

Schedule I	(Form	5500)	2000
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			Yes	No	Amou	nt
3f	Loans (other than to participants)	3f		X		_
g	Tangible personal property	3g		Χ		
				'.		
Pa	art II Compliance Questions					
4	During the plan year:		Yes	No	Amou	int
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e	X			10000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Y	es 🛚 N	lo i	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets or liabil	ties were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

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SCHWARTZ/BOCZKO MD'S KENNETH KIRSHENBAUM

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Form 5500

Department of the Treasury Internal Revenue Service Popultment of Labor Employee Panalin Becurity Administration Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 194 and 4965 of the Employee Retirement income Security Act of 1974 (ERISA) and sections 6(147(o), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5900.

ОМВ Nps.)210-0110 1270-0089

2009

This Form is Open to Public inspection. Pention Benefit Guaranty Corporation Annual Report Identification Information and ending For the calendar plan year 2009 or fiscal plan year beginning (1) a multiemployer plan; (2) X a single-employer plan; a multiple -employar plan; or (3) A This return/report is for: a DFE (spacify) (4) the final return/report; B This return/report is: (1) the first return/report; a short plan year return/report (less than 12 months). an amended return/report; If the plan is a collectively-bargeined plan, check here....... the DFVC program; x automatic extension; Check box if filling under: Form 5558: Special extension (enter description) Basic Plan Information - enter all requested information Ta Name of plan 1b Three-digit plan number (PN) 001 BARRY M. SCHWARTZ MD PC MONEY PURCHASE PLAN TG Effective sinte of plan 10/09/1981 25 Employer Identification Number (EIN) 2.9 Plan aponsor's name and address (employer, if for a single-employer plan) (Address should include room of bullet no.) 13-3086093 BARRY M. SCHWARTZ MD FC 23 EAST 79TH STREET NEW YORK, NY 10075 2C Spansor's telephone number 212-628-1800 2d Business code (see instructions) 621111 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless researable cause is established. of paying and dilign panellins set forth in the instructions, I declare that I have exemined this return/report, including accompanying exhibiting, statements and attachments, as charge or an interpretable of the control of the best of my knowledge and belief, it is live, our yet, and complete. SCHWART!! Signature of ease beininistrated Enter hame of imity/dupt algoing as plan administrator Signature of http://pie/pian appnor Palm Enter name of (nelivicual signing us employer at pian sponsor

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

Dale

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Form 5500 (2009)

Enter name of Individual signing as DFE.

v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter 'Same')	:	Bb Administrator's EIN 13-3086093	· · · · · · · · · · · · · · · · · · ·
BARRY M. SCHWARTZ MD PC 23 EAST 79TH STREET	1991	3c Administrator's teleph 212-628-1800	
NEW YORK, NY 10075			
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN and the plan number from the last return/report below:	st return/report filed for this	plan, enter the	b EIN
a Sponsor's name		•	C PN
5 Total number of participants at the beginning of the plan year			3
6 Number of participants as of the end of the plan year (welfare plans			
a Active participants			3
b Retired or separated participants receiving benefits			
c Other retired or separated participants entitled to future benefits			
d Subtotal. Add lines 6a, 7b, and 6c			3
Deceased participants whose beneficiaries are receiving or are entities. Tatal Add lines 64 and 65.			2
f Total. Add lines 6d and 6e		 	3
g Number of participants with account balances as of the end of the pi complete this Item)	an year (only defined contrib	oution plans	3
h Number of participants that terminated employment during the plan y than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemplo			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the 2C	e List of Plan Characteristic Codes i	n the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Plan Characteristic Codes in	the instructions:	
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangem	ent (chack all that	annlıd
(1) Insurance	(1) Insurance	one tonock an unat a	арріу)
(2) Code section 412(e)(3) insurance contracts	I - ' ' - '	112(e)(3) insurance	contracts
(3) X Trust	(3) X Trust	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(4) General assets of the sponsor	(4) General assets	s of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and	where indicated, enter the number	attached, (See instruction	is)
a Pension Schedules	b General Schedules		
(1) R (Retirement Plan Information)	·	incial Information)	
(2) MB (Multiemployer Defined Benefit Plan and Certain		ncial Information –	Small Plan)
Money Purchase Plan Actuarial Information)— signed by		rance information)	
the plan actuary	· · · · · · · · · · · · · · · · · · ·	vice Provider Inform	•
(3) SB (Single-Employer Defined Benefit Plan Information)—		/Participating Plan	
signed by the plan actuary	(6) G (Fina	ncial Transaction S	cnedules)

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

► Insurance companies are required to provide this information pursuant to ERISA Section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar year 2	2009 or fisca	al plan year beginning		and ending				
A Name of plan BARRY M. SCH	WARTZ M	D PC MONEY PURCHASE	PLAN		В	Three-digit plan number. ►	001	
C Plan sponsor's na	me se shown or	a line 2a of Form 5500			語譜 D	Employer Identification		
BARRY M. SCH					"	13-3086093	i Number	
Part Inform	nation Co	ncerning Insurance Con	tract Co	verage, Fees, and Comn	niss			
Provide reported	information d on a single	i for each contract on a separa e Schedule A.	ite Schedi	ule A. Individual contracts grou	ped	as a unit in Parts II	and III can be	
1 Coverage:								
(a) Name of ins LINCOLN LIFE		ier ITY CO, OF NY						
(b) EIN	(c) NAIC	(d) Contract or		pproximate number of persons		Policy or co	intract year	
	code	identification number	covered	d at end of policy or contract ye	ear	(f) From	(g) To	
	70254	61900470			1	03/05/2009	03/05/2010	
2 Insurance fee persons in de	and commi scending or	ssion information, Enter the to der of the amount paid,	otal fees a	nd total commissions paid. List	t in i	tem 3 the agents, b	rokers, and other	
(a)) Total amοι	unt of commissions pald		(b) Total	amo	ount of fees paid		
3 Persons recei	vina commi	ssions and fees. (Complete as	many en	l tries as needed to report all pe	reon	e)		
(b) Amount of so commission	ales and ba	se	Fees	and other commissions paid			(e) Organization	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c) Amount		(d) Purpose			code	
	(a) Nam	a and address of the agent by	oker or ot	her person to whom commission	vnc o	r foos were poid		
42.0						1 1000 Hold pard		
(b) Amount of sa commissio	ales and bas ons paid		rees	and other commissions paid			(e) Organization	
		(c) Amount		(d) Purpose			code	

Schedule A (Form 5500) 2		Page $2 - 1$ oker or other person to whom commissions or fees were pai	d				
			4				
(b) Amount of sales and base commissions paid		Fees and other commisions paid					
Commissions paid	(c) Amount	(d) Purpose	(e) Organizati code				
(a) Name and a	address of the agent, bro	oker or other person to whom commissions or fees were pai	au grand and d				
(b) Amount of sales and base commissions paid		Fees and other commisions paid					
	(c) Amount	(d) Purpose	(e) Organizati code				
(a) Name and a	address of the agent, bro	oker or other person to whom commissions or fees were paid	 				
	1						
(b) Amount of sales and base commissions paid	Fees and other commisions paid						
, ,	(c) Amount	mount (d) Purpose					
	:						

Fees and other commisions paid

(d) Purpose

(e) Organization code

(b) Amount of sales and base commissions paid

(c) Amount

Partill Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with eac purposes of this report.	h carrier	may be treated as a unit for
4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds		
a State the basis of premium rates		
b Premiums pald to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d	
Specify nature of costs 🟲		
e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify)		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	, ► [
7 Contracts with Unallocated Funds (Do not include portions of these contracts maintained in separate	account	rs)
a Type of contract (1) deposit administration (2) immediate participation guar	antee	
(3) ☐ guaranteed investment (4) ☐ other ►		
b Balance at the end of the previous year	7b	
c Additions:. (1) Contributions deposited during the year		
(2) Dividends and credits		
(3) Interest credited during the year		
(4) Transferred from separate account		
(5) Other (specify below)		
(6) Total additions	7c(6)	
d Total of balance and additions (addb and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier		
(3) Transferred to separate account		
(4) Other (specify below)		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtracte(5) from d)	7f	·

Patente Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

Benefit and contract type (check all applicable boxes)			
a Health (other than dental or vision) b Dental	c Vision		d Life Insurance
e Temporary disability (accident and sickness) f Dong-term d	isability g Supplemental un	employment	h Prescription drug
i Stop loss (large deductible) j HMO contrac	ct k PPO contract	t	I Indemnity contract
m Other (specify)►			
9 Experience-rated contracts			
a Premiums: (1) Amount received	9a(1)	170	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges: (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis)-	~4	1	
(A) Commissions.	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges			
(H) Total retention		9c(1)(H)	
Para Andrews	d in cash, or credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after	retirement	9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due, (Do not include amount en		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection wit or retention of the contract or policy, other than reported in Part I, item 2 above, report	amount	10b	
Specify nature of costs	,	·	

₽a	itelV.	Provision of Information		 		
11	Did the	insurance company fail to provide	any information necessary	Yes	X No	
12	If the a	newer to line 11 is 'Ves ' enecify th	e information not provided			

Schedule I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information — Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning	, and ending
A Name of plan. BARRY M. SCHWARTZ MD PC MONEY PURCHASE PLAN	B Three-digit plan number ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRY M. SCHWARTZ MD PC	D Employer Identification Number (EIN) 13-3086093

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	la	439850	505897
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	439850	505897
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable			
(1) Employers	2a(1)	50805	
(2) Participants			
(3) Others (including rollovers)			
b Noncash contributions,			
c Other income	2c	15242	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		66047
e Benefits paid (including direct rollovers)			
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)			
k Net income (loss) (subtract line 2j from line 2d)			66047
I Transfers to (from) the plan (see instructions)			
			·····

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check 'Yes' and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	За		Х	
b Employer real property	3b		Х	
c Real estate (other than employer real property)	3с		X	
d Employer securities	3d		X	
e Participant loans	Зе		Х	

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

Schedule I (Form 5500) 2009

v.092308.1

Schedule I (Form 5500) 2009	Page 2 -	-			
		Г		····	
3f Loans (other than to participants)	Г	3f	Yes	No	Amount
g Tangible personal property	<u> </u>	3g		X	
	.,,,,,, L	291		Λ.	
Part Compliance Questions					
4 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the period described in 29 CFR 2510,3-102? Continue to answer 'Yes' for any prior ye failures until fully corrected. (See instructions and DOL to Voluntary Fiducians)	time ar				
failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).		4a		Χ	
b Were any loans by the plan or fixed income obligations due the plan in default as	of the				
close of plan year or classified during the year as uncollectible? Disregard particip loans secured by the participants' account balance.	pant 🖺	4b		X	
c Were any leases to which the plan was a party in default or classified during the y as uncollectible?	/ear	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a)	e	4 d		X	
e Was the plan covered by a fidelity bond?.	h	4e	Х		10000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the caused by fraud or dishonesty?	at was	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable established market nor set by an independent third party appraiser?	e on an 🖺	4 g		X	
h Did the plan receive any noncash contributions whose value was neither readily deminable on an established market nor set by an independent third party appraiser	eter- ?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, deb mortgage, parcel of real estate, or partnership/joint venture interest?	ot,	4i		Χ	
j Were all the plan assets either distributed to participants or beneficiaries, transfer another plan, or brought under the control of the PBGC?	red to	4j		X	
kAre you claiming a waiver of the annual examination and report of an independen qualified public accountant (IQPA) under 29 CFR 2520,104-46? If 'No,' attach an Idreport or 2520,104-50 statement. (See instructions on waiver eligibility and conditions	QPA's ⊯	4k	X		
I Has the plan failed to provide any benefit when due under the plan?	· ·	41	^	Χ	
mlf this is an individual account plan, was there a blackout period? (See instructions 29 CFR 2520.101-3).	s and	4m		X	
n If 4m was answered 'Yes,' check the 'Yes' box if you either provided the required or one of the exceptions to providing the notice applied under 29 CFR 2520.101.3	1	4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If 'Yes,' enter the amount of any plan assets that	∕es X	No	Aı	moun	†:
5b If, during this plan year, any assets or liabilities were transferred from this plan to liabilities were transferred. (See instructions)	another p	ian(s), ide	ntify t	he plan(s) to which assets or

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification					
A Name of filer, plan administrator, or plan sponsor (see instructions)		,			
BARRY M. SCHWARTZ MD PC Number, street, and room or suite no. (If a P.O. box, see instructions)		Employer identification number (EIN). 13-3086093 Social security number (SSN)			
23 E. 79TH STREET	13-308				
City or town, state, and ZIP code	Social securi				
NEW YOR, NY 10021					
C Plan name	Plan	Plan year ending —			
	number	MM	DD	YYYY	
1 BARRY M. SCHWARTZ MONEY PURCHASE PLAN	002	12	31	2009	
2					
art II Extension of Time to File Form 5500 or Form 5500	-EZ (see instructions)				
I request an extension of time until $10/15/10$ to file	e Form 5500 or Form 55	600-EZ.			
The application is automatically approved to the date shown on I normal due date of Form 5500 or 5500-EZ for which this extension months after the normal due date.	ine 1 (above) if: (a) the is requested, and (b) th	Form 5558 i e date on line	s filed on o a 1 is no mo	r before t ore than 2	
You must attach a copy of this Form 5558 to each Form 5500 and 550	0-EZ filed after the due	date for the pl	ans listed in	C above.	
ote. A signature is not required if you are requesting an extension to file Form	5500 or Form 5500-EZ.				
I request an extension of time until to fil You may be approved for up to a six (6) month extension to file Form 5336		te of Form 533	0.		
a Enter the Code section(s) imposing the tax	▶ <u>a</u>	· · · · · · · · · · · · · · · · · · ·		,	
b Enter the payment amount attached		•	b		
c For excise taxes under section 4980 or 4980F of the Code, enter the reversal State in detail why you need the extension	ersion/amendment date	•	С		
			~~~~~		
	<b></b>				
Inder penalties of perjury, I declare that to the best of my knowledge and belief, the sta	tements made on this form a	re true correct s	and complete	and that L:	
inder penalities of perjury, I declare that to the best of my knowledge and belief, the state of the penale this application.	remente made on this rolling	io iido, goneoli (	and complete,	with HIGH I	
gnature > Clay Cashuanos	Date ► 7	/27/10			
		,	Form <b>555</b> 8	Rev. 1-7	