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 Guaranty Corporation				This Form is Open to Pu	ıblic
Part I	Annual Report Iden	tification Information				
For cale	ndar plan year 2009 or fiscal p		_	and ending 12/31	/2009	
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or		
		x a single-employer plan;	a DFE (specify)		
			_			
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).	
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;	
- 0.100	M DOX II IIIIII G GIIGOI.	special extension (enter de	Ш	,		
Part	II Rasic Plan Inform	nation—enter all requested inform	· /			
_	ne of plan	ation—enter an requested inform	nation		1b Three-digit plan	
	M SCHWARTZ PROFIT SHA	RING PLAN			number (PN) ▶	002
					1c Effective date of pla	an
0					10/09/1981	
	n sponsor's name and addres: Iress should include room or s	s (employer, if for a single-employer	r plan)		2b Employer Identifica Number (EIN)	ition
BARRY M SCHWARTZ MD PC				13-3086093		
				2c Sponsor's telephone		
					number 212-628-1800	
	79TH STREET		79TH STREET		2d Business code (see	
NEW YC	ORK, NY 10075	NEW YC	ORK, NY 10075		instructions)	,
					621111	
Caution	· A penalty for the late or in	complete filing of this return/repo	ort will be assessed	l unless reasonable cause	is established	
		penalties set forth in the instructions				dules.
		as the electronic version of this retu				
SIGN	Filed with authorized/valid ele	ectronic signature.	10/08/2010	BARRY M SCHWARTZ		
HERE	Signature of plan administrator Date Enter name of individual sign				signing as plan administrator	
					<u> </u>	
SIGN						
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual	signing as employer or plan sp	onsor
	- J				- J - J	
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)		Pa	age 2			
		istrator's name and address (if same as plan sponsor, enter "Sa	me")					dministrator's EIN -3086093
	EAST 79TH W YORK, N						nι	dministrator's telephone umber 2-628-1800
4		and/or EIN of the plan sponsor has changed since the last returmber from the last return/report:	n/report	filed for	this p	plan, enter the name, EIN	and	4b EIN
а	Sponsor's i	name						4c PN
5	Total numb	er of participants at the beginning of the plan year					5	2
6	Number of	participants as of the end of the plan year (welfare plans comple	ete only	lines 6a,	6b, 6	6c, and 6d).		•
а	Active parti	cipants					. 6a	
	·							
b	Retired or s	separated participants receiving benefits					. 6b	
С	Other retire	ed or separated participants entitled to future benefits					. 6c	
d	Subtotal. A	Add lines 6a , 6b , and 6c					. 6d	2
_	Deserved		ما میشمه	onofito			60	
е	Deceased	participants whose beneficiaries are receiving or are entitled to re	eceive c	enents			. 6e	
f	Total. Add	lines 6d and 6e.					. 6f	2
g		participants with account balances as of the end of the plan year is item)					. 6g	2
h		participants that terminated employment during the plan year wi					. 6h	
7		otal number of employers obligated to contribute to the plan (onl	-				7	
_	2E	provides pension benefits, enter the applicable pension feature convides welfare benefits, enter the applicable welfare feature code						
9a	Plan fundin	g arrangement (check all that apply) Insurance		Plan ben	nefit a	rrangement (check all that		
	(2)	Code section 412(e)(3) insurance contracts		(2)	_	Code section 412(e)(3)	insurand	ce contracts
	(3) X (4)	Trust General assets of the sponsor		(3) (4)		Trust General assets of the sp	onsor	
10		pplicable boxes in 10a and 10b to indicate which schedules are			here/	·		ched. (See instructions)
	Pension S			General		·		,
a	(1)	R (Retirement Plan Information)		(1)		H (Financial Inform	nation)	
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Inform	,	Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Infor	mation)	

(4)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

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

1 choich benefit duranty corporation				ilispection
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 PROFIT SHARING PLAN		B Three-digit plan number (F	PN) •	002
C Plan sponsor's name as shown on line 2a of Form 5500 BARRY M SCHWARTZ MD PC		D Employer Identi	fication Numbe	er (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	31231	31434
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	31231	31434
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	203	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		203
е	Benefits paid (including direct rollovers)	. 2e		
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)	. 2j		
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		203
	Transfers to (from) the plan (see instructions)	. 2I		

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	
	Participant loans			X	

Schedule I (Form 5500) 2009	Page 2- 1

Schedule I	(Form 5500)	2000
Scriedule i	(FUIII 3300	<i> </i> 2008

			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
Pa	rt II Compliance Questions						
4	During the plan year:		Yes	No		Amoun	t
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			
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	Ye	es 🛚 N	No A	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 asset	s or liabilitie	es were
	5b(1) Name of plan(s)			5b(2)	EIN(s)		5b(3) PN(s)
		-					

Form 5500

Pepartment of the Treasury Internal Bayanda Service Desarthers of Labor Employee Bonds a Sounty Administration

Pension Senefit Guaranty Corneration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1874 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code), and 6058(a) of the Internal Revenue Code (the Code), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

2009

This Form is Open to

Basic Plan Information — enter all requested information. 15 Name of plan BARRY M. SCHWARTZ PROFIT SHARING PLAN 16 Three-digit plan number (PN) (Polan number (PN)) (Polan numb	Aspection.	Public Inspe	•	to the Form 990)	CITA BASCI DECITA		Manual Comment	iniversus
A This return/report is for: (2) x a single-employer plan; (3) the final 'eturn/report is: (4) a DFE (aparity) B This return/report is: (7) the first return/report; (8) a smaller-employer plan; (9) an amended return/report; (9) an amended return/report; (9) an amended return/report; (9) an amended return/report; (9) a short plan year return/report (less than 12 m C If the plan is a collectively-bargeined plan, sheek hore D (sheek box if filing under: B packet extension (enter description) Basic Plan Information - enter all requested information. 1 Name of plan BARRY M, SCHWARTZ PROFIT SHARING PLAN 16 Three-digit plan number (PN)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	111	on Information	Report Identification	AND COLUMN TO THE REAL PROPERTY OF THE PARTY	TANKARAKA
A This return/report is for: (1) a nutition-ployer plan; (2) a Angle-employer plan; (3) a finditiphi-employer plan; or a property and a single-employer plan; (4) a property (4) a property (4) a property (5) an amended return/report; (6) a phort plan year return/report (12 m) a phort plan information — enter all requested information. 1 a Name of plan 1 b Three-digit plan number (PN) plan number (and ending		year beginning	ear 2009 or fiscal plan	ne calendar plan yes	Fort
C if the plan is a collectively-bergelined plan, check here. D Sheek last if filing under: Form 5558; S automatiti extension; the DFV page of the plan is a collectively-bergelined plan, check here. D Sheek last if filing under: Form 5558; S automatiti extension; the DFV page of the plan is a collectively-bergelined plan page of the plan is pa	<u> </u>					4.16	This return/seport is for:	A
Special extension	months).	atum/veport; vear return/report (less than 12 moni	the final ·		ed return/report;	(2) an amende		
Basic Plan Information — enter all requested information. 1a Name of plan BARRY M. SCHWARTZ PROFIT SHARING PLAN 1b Three-digit plan number (PN)	FVC program;	extension; the DFVC p	🔣 automati(ı	. , , , , , , , , , , , , , , , , , , ,	; @hsion (enter descriptio	: X Form 5558; Special ext	Check bux if filing under:	()
This is not plan BARRY M. SCHWARTZ PROFIT SHARING PLAN 10 Three-digit blan number (PM)		791/8-Company of the Company of the		tion.	inter all requested infor	<u>ın İnformation — e</u>	nn Basic Plan	
A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. The incomplete filing of this return/report will be assessed unless reasonable cause is established. The incomplete filing of this return/report will be assessed unless reasonable cause is established. The incomplete filing of this return/report will be assessed unless reasonable cause is established. The incomplete filing of this return/report will be assessed unless reasonable cause is established. The incomplete filing of this return/report will be assessed unless reasonable cause is established. The incomplete filing of this return/report will be assessed unless the cause is established. The incomplete filing of this return/report will be assessed unless of the filing second property of the late of incomplete filing of this return/report will be assessed unless of the filing second property in the late of the filing of this return/report will be assessed unless of the filing second property in the late of the filing of this return/report will be assessed unless of the filing second property in the late of the filing of this return/report will be assessed unless of the filing of the f	002	ilan number (PN), , , 00 ffective date of plan	1c ±				V¤me of plan	
EARRY M. SCHWARTZ MD PC 23 EAST 79TH STREET NEW YORK, NY 10075 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Index penalty and chier paraltim set forth in the instruction, I declarated have examined his return/report, including exercing mying a health, additionable and established. In a two electronic version of this return/report if it is being find electronically, and to the local of my unawledge and buildy, it is true, correct, and complete. Signature of him administrator Date Enter name of individual aligning on pion administrator Date Enter name of individual aligning on pion administrator	7. IL				álásálhplovar plant	address (amployer, if for a sinc	lari sportsor's name and ad	2a (
Signature of employer/plan abotance Signature of employer/plan abotance Date Date Entir name of individual stepance of parts of employer/plan abotance Date Entir name of individual stepance of parts of employer/plan abotance Date Entir name of individual stepance of employer/plan abotance Date Entir name of individual stepance of employer/plan abotance Date Entir name of individual stepance of employer/plan abotance		.3-3086093 ponsor's folephone number 112-628-1800 usiness code (see instructions)	2c 3	·		z MD PC EET	Y M. SCHWARTZ AST 79TH STRE	BARR 23 E
sell six the relection of this return report if it is being find electronically, and to the local of my (nowledge and basis), it is true, correct, and complete. O O					pa & Major Josh you Town and	late or incomplate (ille	NA penalty for the la	Çautlo
Signature of pints diministrator Signature of pints diministrator Date BARRY M. SCHWARTZ Enter name of inch idual aligning de plan administrator Signature of employer/plan apopnor Date Enter name of inchidual aligning de plan administrator		: cause is established.	as reasonabi	DE BSSOSGOCILINI	er transcentitions	terror of the least the last tree that the second	Pilitins of perjury and other pan	hdar per
Signature of employer/plan apopuor Date Enter name of incli idual aligning de plan administrator Signature of employer/plan apopuor Date Enter name of inclinique laborator	, 4s	adulas, stalements and attachments, as , and complets,	necompanying a th , it is true, correct	A Kuomiegae and pulit	delectronically, and to the best	roturn/roport if it is being filed	o oleatronia version of this re	reil na 31
Signature of employer/plan apopuor Date Enter name of incli idual aligning de plan administrator Signature of employer/plan apopuor Date Enter name of inclinique laborator			CHWARTZ	BARRY M.	10/8/10	<u>woode</u>	Jam !	
		uni alguing na pian administrator	er name of inch to	Er	Date	diministraçõe	Signature of Plantal	
					<u></u>	PHIAN AREASES	Simulature of employer/o	
TO THE REPORT OF THE PERSON OF	t <u>A</u> #	aldund an amblayer or blan abouter	ame of individus)	Enter	Date	ar h	- A manage of a subsequent	
Signature of DFE Date	<u> </u>	. III I I			Date	DFE	Signature of Di	= bulbim <u>u</u>
or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500,		individital algoring to DEE	रः छत्ते हो १५६६२ स	1		Art Natice and Oller A	erwork Roduckee A	or Par

Form \$500 (2009) v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter 'Same')	3b Administrator's EIN 13-3086093
BARRY M. SCHWARTZ MD PC 23 EAST 79TH STREET NEW YORK, NY 10075	3c Administrator's telephone number 212-628-1800
4 If the name and/or EIN of the plan sponsor has changed since the last return/report file name, EIN and the plan number from the last return/report below:	ed 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	5
6 Number of participants as of the end of the plan year (welfare plans complete only line	
a Active participants	
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	
Deceased participants whose beneficiaries are receiving or are entitled to receive bene Total, Add lines 6d and 6e	
g Number of participants with account balances as of the end of the plan year (only define complete this item)	ed contribution plans 6g
h Number of participants that terminated employment during the plan year with accrued than 100% vested	penefits that were less
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this	item) 7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2E	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteri	stic Codes in the instructions:
9a Plan funding arrangement (check all that apply) 9b Plan benefit	arrangement (check all that apply)
	rance
	e section 412(e)(3) insurance contracts
(3) X Trust (3) X Trus	
	eral assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter	
a Pension Schedules b General Sch	
(1) R (Retirement Plan Information) (1)	H (Financial Information)
(2) MB (Multiemployer Defined Benefit Plan and Certain (2) X	(Financial Information – Small Plan)
Money Purchase Plan Actuarial Information)— signed by (3)	A (Insurance Information)
the plan actuary (4) (5) (8) (9) (9) (10)	C (Service Provider Information)
(3) SB (Single-Employer Defined Benefit Plan Information)— signed by the plan actually	D (DFE/Participating Plan Information)
signed by the plan actuary (6)	G (Financial Transaction Schedules)

Schedule I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

I Transfers to (from) the plan (see instructions).

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			B Three-digit		
BARRY M. SCHWARTZ PROFIT SHARING PLAN			plan numbe	r ►	002
C Plan sponsor's name as shown on line 2a of Form 5500			D Employer Identi		mber (EIN)
BARRY M. SCHWARTZ MD PC			13-30860)93 <u> </u>	
Complete Schedule I if the plan covered fewer than 100 participants as o you are filing as a small plan under the 80-120 participant rule (see instru	f the begir uctions), C	nning of the plan y Complete Schedule	rear. You may H if reporting	also con as a lar	nplete Schedule I if ge plan or DFE.
Partie Small Plan Financial Information					
Report below the current value of assets and liabilities, income, expenses the value of plan assets held in more than one trust. Do not enter the valuan year to pay a specific dollar benefit at a future date. Include all incomaintained fund(s) and any payments/receipts to/from insurance carriers.	s, transfersue of the p me and ex Round of	s and changes in a portion of an insur kpenses of the pla famounts to the r	net assets duri rance contract n including any nearest dollar.	ng the p that gua / trust(s)	lan year, Combine rantees during this or separately
1 Plan Assets and Liabilities:		(a) Beginning		(b)	End of Year
a Total plan assets,,,,,,,,,,	-		31231		31433
b Total plan liabilities	. 1b				
c Net plan assets (subtract line 1b from line 1a)	1c		31231		31433
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amou	ınt		(b) Total
a Contributions received or receivable					
(1) Employers			200		
(2) Participants					
(3) Others (including rollovers)	. 2a(3)				
b Noncash contributions					
c Other incomeSee. Statement .1			203		
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d				203
e Benefits paid (including direct rollovers)		·			
f Corrective distributions (see instructions)					
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)	. 2j				
k Net income (loss) (subtract line 2j from line 2d)	2k				203

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 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	3a		X	
b Employer real property	3b		Χ	
c Real estate (other than employer real property)	3с		X	
d Employer securities			Х	
e Participant loans	3e		X	

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

Schedule I (Form 5500) 2009

v.092308.1

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Schedule I (Form 5500) 2009	Page 2 -				
	_		Yes	No	Amount
3f Loans (other than to participants)	<u> </u>	3f		Х	
g Tangible personal property		3g		X	
Partill 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 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		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 particilloans secured by the participants' account balance.	ipant 🖺	4b		X	
c Were any leases to which the plan was a party in default or classified during the	15				
as uncollectible?	your	4с		Χ	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a)	de	4 d		X	
e Was the plan covered by a fidelity bond?		4 e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the caused by fraud or dishonesty?	hat was	4 f		X	
g Did the plan hold any assets whose current value was neither readily determinab	Je on an				
established market nor set by an independent third party appraiser?		4g	(5) (10)	Χ	
h Did the plan receive any noncash contributions whose value was neither readily of minable on an established market nor set by an independent third party appraise	deter-	4h			
	#	411 MEE		X	
i Did the plan at any time hold 20% or more of its assets in any single security, de mortgage, parcel of real estate, or partnership/joint venture interest?	ebt, **	4i	anama.	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		Χ	
kAre 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		
I Has the plan failed to provide any benefit when due under the plan?		41		Х	
mlf this is an individual account plan, was there a blackout period? (See instruction 29 CFR 2520.101-3).	ns 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	notice	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	Yes X	No	Ar	nount	
5b If, during this plan year, any assets or liabilities were transferred from this plan to liabilities were transferred. (See instructions)	o another p	lan(s), ider	ntify th	ne 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

Pa	t I Identification										
Α	Name of filer, ptan 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) 23 E. 79TH STREET	B Filer's identifying number (see instructions). Employer identification number (EIN). 13-3086093									
	City or town, state, and ZIP code	[_] Social securi	Social security number (SSN)								
	NEW YOR, NY 10021				······································						
C	Plan name	Plan number		an year ending — DD YYYY							
		Runiber	MM	טט	YYYY						
•	BARRY M. SCHWARTZ PROFIT SHARING PLAN	001	12	31	2009						
,											
2											
-											
201	t II Extension of Time to File Form 5500 or Form 5500-EZ	(eas instructions)									
	Execution of this to the following state of the state of	. (000 ///0//0//0//0//									
1	I request an extension of time until $10/15/10$ to file Form 5500 or Form 5500-EZ.										
	The application is automatically approved to the date shown on line normal due date of Form 5500 or 5500-EZ for which this extension is remonths after the normal due date.										
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.										
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E.	Z filed after the due o	date for the pl	ans listed in	C above.						
latá	.,		date for the pl	ans listed in	C above.						
	. A signature is not required if you are requesting an extension to file Form 5500		date for the pl	ans listed in	C above.						
	.,		date for the pl	ans listed in	C above.						
a	. A signature is not required if you are requesting an extension to file Form 5500	0 or Form 5500-EZ.			C above.						
Pai	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ.			C above.						
Pal 2 a	A signature is not required if you are requesting an extension to file Form 5500 till Extension of Time to File Form 5330 (see instructions) I request an extension of time until	orm 5330. The the normal due dat a	e of Form 533		C above.						
al 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0.	C above.						
al 2 a b	A signature is not required if you are requesting an extension to file Form 5500 till Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
al 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
al 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
al 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
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a b c	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
al 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
Pal 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							
Pal 2 a	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form 5500-EZ. orm 5330. ter the normal due dat a n/amendment date	e of Form 533	0. b c							

ISA

Date ► 7/27/10 094-32 -713 ≤

Form **5558** (Rev. 1-2008)