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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input checked="" type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

| | | | | | |
|---|--|---|---|---|--|
| Part II | Basic Plan Information —enter all requested information | | | | |
| 1a Name of plan <u>BARRY M SCHWARTZ PROFIT SHARING PLAN</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/09/1981</u></td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | <u>002</u> | 1c Effective date of plan <u>10/09/1981</u> | |
| 1b Three-digit plan number (PN) ▶ | <u>002</u> | | | | |
| 1c Effective date of plan <u>10/09/1981</u> | | | | | |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BARRY M SCHWARTZ MD PC</u> <u>23 EAST 79TH STREET</u> <u>NEW YORK, NY 10075</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-3086093</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>212-628-1800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table> | 2b Employer Identification Number (EIN) <u>13-3086093</u> | 2c Sponsor's telephone number <u>212-628-1800</u> | 2d Business code (see instructions) <u>621111</u> | |
| 2b Employer Identification Number (EIN) <u>13-3086093</u> | | | | | |
| 2c Sponsor's telephone number <u>212-628-1800</u> | | | | | |
| 2d Business code (see instructions) <u>621111</u> | | | | | |

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 accompanying schedules, 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 electronic signature. | 10/08/2010 | BARRY M SCHWARTZ |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2009)
v.092307.1

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| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BARRY M SCHWARTZ MD PC 23 EAST 79TH STREET NEW YORK, NY 10075 | 3b Administrator's EIN 13-3086093 3c Administrator's telephone number 212-628-1800 |
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| | |
|---|-----------------------------------|
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name | 4b EIN 4c PN |
|---|-----------------------------------|

| | | |
|---|----------|---|
| 5 Total number 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 complete only lines 6a , 6b , 6c , and 6d). | |
| a Active participants..... | 6a 2 |
| b Retired or separated participants receiving benefits..... | 6b |
| c Other retired or separated participants entitled to future benefits..... | 6c |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d 2 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e |
| f Total. Add lines 6d and 6e | 6f 2 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g 2 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h |

| | | |
|--|----------|--|
| 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 Characteristic Codes in the instructions:
2E

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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets 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 instructions)

| | |
|---|--|
| a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|--|

| | | |
|---|--|--|
| <div>SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div> | <div>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.</div> | <div>OMB No. 1210-0110 2009 This Form is Open to Public Inspection</div> |
| 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 (PN) ▶ 002 |
| 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.

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 |
| a Total plan assets | 1a | 31231 | 31434 |
| b Total plan liabilities | 1b | | |
| c 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 |
| a Contributions received or receivable: | | | |
| (1) Employers | 2a(1) | | |
| (2) Participants | 2a(2) | | |
| (3) Others (including rollovers) | 2a(3) | | |
| b Noncash contributions | 2b | | |
| c Other income | 2c | 203 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | 203 |
| e 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 |
| l 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 |
| a Partnership/joint venture interests | 3a | | X | |
| b Employer real property | 3b | | X | |
| c Real estate (other than employer real property) | 3c | | X | |
| d Employer securities | 3d | | X | |
| e Participant loans | 3e | | X | |

| | Yes | No | Amount |
|--|-----|----|--------|
| 3f Loans (other than to participants) | | X | |
| g Tangible personal property | | X | |

| | |
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| Part II | 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.) | | 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. | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | | X | |
| e Was the plan covered by a fidelity bond? | | 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? | | 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? | | 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? | | 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? | | 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? | | 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.) | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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 | | | |

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..... ☐ Yes ☒ No Amount:

5b 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.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
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Form **5500**

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

Pension Benefit Guaranty Corporation

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 1974 (ERISA) and sections 6047(c), and 6058(a) of the Internal Revenue Code (the Code).
* Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1545-0047
1545-0049

2009

This Form is Open to Public Inspection.

Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning

- A This return/report is for: (1) ☐ a multiemployer plan; (2) ☒ a single-employer plan; (3) ☐ a multiple-employer plan; or (4) ☐ a DFE (specify)
- B This return/report is: (1) ☐ the first return/report; (2) ☐ an amended return/report; (3) ☐ the final return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here
- D Check box if filing under: ☒ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ Special extension (enter description)

Basic Plan Information — enter all requested information.

1a Name of plan
BARRY M. SCHWARTZ PROFIT SHARING PLAN

1b Three-digit plan number (PM) ... **002**

1c Effective date of plan
10/09/1981

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

**BARRY M. SCHWARTZ MD PC
23 EAST 79TH STREET
NEW YORK, NY 10075**




2b Employer identification number (EIN)
13-3086093

2c Sponsor's telephone number
212-628-1800

2d Business code (see instructions)
521111

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | |
|---|---------|--|
|  | 10/8/10 | BARRY M. SCHWARTZ |
| Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
|  | Date | Enter name of individual signing as employer or plan sponsor |
| Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
|  | Date | Enter name of individual signing as DFE |
| Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2009)
v.092307.1

| | | | | | | | |
|---|--|-------------------------------|------------|--|--------------|--|--|
| 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") BARRY M. SCHWARTZ MD PC 23 EAST 79TH STREET NEW YORK, NY 10075 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">3b Administrator's EIN</td> <td style="padding: 2px;">13-3086093</td> </tr> <tr> <td style="padding: 2px;">3c Administrator's telephone number</td> <td style="padding: 2px;">212-628-1800</td> </tr> <tr> <td colspan="2" style="height: 40px; background-color: #cccccc;"></td> </tr> </table> | 3b Administrator's EIN | 13-3086093 | 3c Administrator's telephone number | 212-628-1800 | | |
| 3b Administrator's EIN | 13-3086093 | | | | | | |
| 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 filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

| | | |
|--|-----------|---|
| 5 Total number 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 complete only line 6a , 6b , 6c , and 6d) | | |
| a Active participants | 6a | 2 |
| b Retired or separated participants receiving benefits | 6b | |
| c Other retired or separated participants entitled to future benefits | 6c | |
| d Subtotal. Add lines 6a , 7b , and 6c | 6d | 2 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| f Total. Add lines 6d and 6e | 6f | 2 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 2 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 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 Characteristic Codes in the instructions:

| | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|
| 2E | | | | | | | | | |
| | | | | | | | | | |

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)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets 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 instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)—signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Information)—signed by the plan actuary

b General Schedules

- (1) ☐ **H** (Financial Information)
 (2) ☒ **I** (Financial Information— Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (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 | 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2009</div> 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 PROFIT SHARING PLAN | B Three-digit plan number ► 002 |
| 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.

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.**

| | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| 1 Plan Assets and Liabilities: | | | |
| a Total plan assets | 1a | 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) Amount | (b) Total |
| a Contributions received or receivable | | | |
| (1) Employers | 2a(1) | | |
| (2) Participants | 2a(2) | | |
| (3) Others (including rollovers) | 2a(3) | | |
| b Noncash contributions | 2b | | |
| c Other income | 2c | 203 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | 203 |
| e 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 |
| l 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 |
|--|-----------|----|--------|
| a Partnership/joint venture interests | 3a | X | |
| b Employer real property | 3b | X | |
| c Real estate (other than employer real property) | 3c | X | |
| d Employer securities | 3d | X | |
| e Participant loans | 3e | X | |

| | Yes | No | Amount |
|---|-----|----|--------|
| 3f Loans (other than to participants) | | X | |
| g Tangible personal property | | X | |

Part III 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.) | | 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 participants' account balance. | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a) | | X | |
| e Was the plan covered by a fidelity bond? | | 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? | | 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? | | 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? | | 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? | | 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? | | 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.) .. | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) | | 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 | | | |

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. ☐ Yes ☒ No Amount:

5b 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)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| | | |
| | | |
| | | |

2009

Federal Statements

Page 1

Client 1112

BARRY M. SCHWARTZ MD PC

13-3086093
Plan No. 002

10/08/10

12:49PM

Statement 1

Schedule I, Page 1, Line 2c

Other Income

BARRY M. SCHWARTZ PROFIT SHARING PLAN 13-3086093 002

| | | |
|--|----|-------------|
| Interest from Interest-Bearing cash..... | \$ | 203. |
| Total | \$ | <u>203.</u> |

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

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) 23 E. 79TH STREET City or town, state, and ZIP code NEW YOR, NY 10021 | B | Filer's identifying number (see instructions). | | |
| | | <input checked="" type="checkbox"/> | Employer identification number (EIN). | | |
| | | | 13-3086093 | | |
| | | <input type="checkbox"/> | Social security number (SSN) | | |
| C | Plan name | | Plan number | Plan year ending — | |
| | | | | MM | DD |
| | | | | YYYY | |
| 1 | BARRY M. SCHWARTZ PROFIT SHARING PLAN | | 001 | 12 | 31 |
| 2 | | | | | |
| 3 | | | | | |

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

- 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 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months 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.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

- 2** I request an extension of time until _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

- a Enter the Code section(s) imposing the tax **a**

- | | | |
|--|----------|--|
| b Enter the payment amount attached | b | |
|--|----------|--|

- | | | | |
|---|--|---|--|
| c | For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date | c | |
|---|--|---|--|

- 3 State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► *Don Casimiro*

Date ► 7/27/10