Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rension benefit	Guaranty Corporation	 Complete all entries in 	accordance with the inst	tructions to the Form 5	500-SF.	·				
P	art I A	nnual Report	Identification Information	1							
For	calendar p	an year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 1	2/31/2016					
Α	A This return/report is for: □ a single-employer plan □ a multiple-employer plan (not multiemployer) list of participating employer information in a foreign plan □ a foreign plan					- · ·					
В	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 mo										
С	Check box	if filing under:	Form 5558 special extension (enter desc	automatic extension ription)		DFVC progr	ram				
Pa	art II B	asic Plan Info	rmation—enter all requested in	formation							
1a	Name of p	lan	P.C. PROFIT SHARING PLAN			1b Three-diplan nun (PN) ▶ 1c Effective	mber 001				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROBERT I. SCHWARTZ, D.M.D., P.C.			structions)	2b Employer Identification Number (EIN) 13-3562225 2c Sponsor's telephone number 212-541-9500							
	ENTRAL PA YORK, NY	ARK SOUTH, SUIT 10019	TE 14C			2d Business	s code (see instructions) 621210				
За	Plan admi	nistrator's name ar	nd address 🛚 Same as Plan Spo	nsor.		3b Administ 3c Administ	trator's EIN trator's telephone number				
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
а	Sponsor's	name				4c PN					
5a	Total num	ber of participants	at the beginning of the plan year.			5a					
b	Total num	ber of participants	at the end of the plan year			5b					
С			account balances as of the end of			. 5c					
d	(1) Total n	umber of active pa	rticipants at the beginning of the p	lan year		5d(1)					
d	(2) Total n	umber of active pa	rticipants at the end of the plan ye	ar		5d(2)					
	 d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 					5e					
			or incomplete filing of this retur								
SB	or Schedul		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIG			valid electronic signature.	07/05/2017	ROBERT I. SCHWAR	TZ, D.M.D.					

Date

Dat<u>e</u>

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b A	Were all of the plan's assets during the plan year invested in eligible are you claiming a waiver of the annual examination and report of nder 29 CFR 2520.104-46? (See instructions on waiver eligibility by you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan to the pl	an indepe and condit	ndent qualified public a	account	ant (IC	QPA)			X Yes [No No
	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined
Part										
	lan Assets and Liabilities		(a) Beginning	of Year 135929				(b) End	of Year 145033	
	otal plan assetsotal plan liabilities	7a 7b		0					0	
	let plan assets (subtract line 7b from line 7a)	76 7c		135929)				145033	
_	ncome, Expenses, and Transfers for this Plan Year	70	(a) Amour					(b) To		
	contributions received or receivable from:		(a) Alliour					(0) 1	Jiai	
(I) Employers	8a(1)		0						
(2	2) Participants	8a(2)		0						
(;	3) Others (including rollovers)	8a(3)		0	_					
b 0	Other income (loss)	8b		9104						
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9104	
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0						
	ertain deemed and/or corrective distributions (see instructions).	8e		0)					
f A	dministrative service providers (salaries, fees, commissions)	8f		C)					
	other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)								0	
	Net income (loss) (subtract line 8h from line 8c)								9104	
	j Transfers to (from) the plan (see instructions)			C)					
Part	Part IV Plan Characteristics									
9a	f the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:	
b I	f the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	ctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	iduciary Correction	10a		X				
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X				
е				10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		esign-based "Prior year" fe harbor test				
				"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

357070		Identification Information				
<u> </u>	r calendar plan year 2016 or fi	scal plan year beginning x a single-employer plan	01/01/2016	and ending	12/31/20:	.6
Α	nis box must attach ne form instructions.)					
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/rep	ort		
	,	an amended return/report			40	
_			a short plan year to	eturn/report (less than	12 months)	
С	Check box if filing under:	Form 5558	automatic extension	n	DFVC p	rogram
\$ e444	Paris District	special extension (enter desc				
_	Part II Basic Plan Info Name of plan	ormation enter all requested	information			١,
• •	•				1b Three-digit plan numb	
	Robert I. Bunwartz	, D.M.D., P.C. Profit &	Sharing Plan		(PN) ▶	001
_					1c Effective d 01/01/2	
2a	Plan sponsor's name (emple Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P	0.0-4			dentification Number
	City or town, state or proving	ce, country, and ZIP or foreign pos	o. Box) Ital code (if foreign, see i	nstructions)		-3562225
	Robert I. Schwartz	, D.M.D., P.C.	, ,	,		telephone number 41-9500
						ode (see instructions)
	30 Central Park Son	uth, Suite 14C			621210	oud (dod mondonons).
_	US New York NY 10019					
3a	Plan administrator's name a	ind address X Same as Plan Sp	onsor		3b Administra	tor's EIN
			•		3c Administra	tor's telephone number
1	If the name and/or EIN of th	o nion one see the set of the	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
•	name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report file	d for this plan, enter th	e 4b EIN	
а	Sponsor's name				4c PN	
jа	Total number of participants	at the beginning of the plan year	***************************************			4
b	Total number of participants	at the end of the plan year	************************		5b	4
С	Number of participants with	account balances as of the end of	the plan year (only defin	ed contribution plans		2
d	(1) Total number of active par	ticipants at the beginning of the pl	an year	***************************************		4
	(2) Total number of active par	ticipants at the end of the plan yea	37	*******************************		4
е	Number of participants that	terminated employment during the	plan year with accrued b	enefits that were	— .	0
Cá		or incomplete filing of this retu			****	<u> </u>
Ur	nder penalties of periury and o	ther penalties set forth in the instru	otions I declare that I he	eu uniess reasonable	cause is establishe	d.
O.	B or Schedule MB completed a lief, it is true, correct, and com	ing signed awari emroned actuary.	as well as the electronic	version of this return/re	eport, and to the best	applicable, a Schedule of my knowledge and
pth	14/1.	A (Not/I)	1/ ~ A			
200	ign X ugg		X /V\/	ROBERT I. SCH	WARTZ, D.M.D.	
多 人	ERE Signature of plan adm	ninistrator # / / /	Date '	Enter name of indiv	idual signing as plan a	administrator
106.00	IGN X	7 744	<u> </u>	ROBERT I. SCH	WARTZ, D.M.D.	
3300	ERE Signature of employe		Date 7 CF	Enter name of indiv	idual signing as empl	oyer or plan sponsor
Pr	eparer's name (including firm i	name, if applicable) and address (nclude room or saite nur	mber)	Preparer's teleph	one number
Ų.	wh ruis daesnou				Skip this qu	estion
					Control of the Contro	WANTED TO THE TOTAL PROPERTY OF THE PARTY OF

	Form 5500-SF 2016		Page 2								
 6а	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)			•••••	•••••	******	ΧY	es No	
	Are you claiming a waiver of the annual examination and report of a									as DNs	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno							*******	<u></u> 1	es No	
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	□N	lo 🔲 N	ot determined	
34045429	rt III Financial Information	•			<u></u>					· · · · · · · · · · · · · · · · · · ·	
<u>≱</u> हुव 7	Plan Assets and Liabilities		(a) Beginning of	Year		T		(b) End	d of Yea		
a	Total plan assets	7a		5,92		1		(-,		45,033	
b	Total plan liabilities			J, JZ	0					0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	13	5,92				***	1	45,033	
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	J , J Z		<u> </u>		(b)	Total	,	
	Contributions received or receivable from:	22012-12012-1202	(-)			(Sin E			9 3 4 6		
	(1) Employers	8a(1)			0	et di	egrange er	akka alba	9. SUMM		
	(2) Participants	8a(2)			0	100 to the control of					
	(3) Others (including rollovers)	8a(3)			0	200.00		S S S S S S S S S S S S S S S S S S S			
<u>b</u>	Other income (loss)	8b		9,10) 4					4	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				E S	nasticent stepholic	navita wakini	salahid salatan ara	9,104	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0					4.	
е	Certain deemed and/or corrective distributions (see instructions)				0	Control particular and an artist and a second a second and a second and a second and a second and a second an					
f	Administrative service providers (salaries, fees, commissions)	. 8f			0	PROPERTY OF THE PROPERTY OF TH					
ġ	Other expenses	-			0	The second second					
<u>9</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	T				0					
Ϋ́	Net income (loss) (subtract line 8h from line 8c)		Control of the Contro			9,104					
†	Transfers to (from) the plan (see instructions)				0						
Ē	art IV Plan Characteristics		<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
472.7247	If the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan Cl	narac	teristi	c Cod	es in th	ne instru	uctions:		
	2E 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	aracte	eristic	Code	s in the	instru	ctions:	1. s	
Francisco (
P	art V Compliance Questions						I SEE ASSOCIA				
<u>10</u>	During the plan year:				Yes	No	N/A		Amoı	ınt	
8	Was there a failure to transmit to the plan any participant contribu										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			400		x					
_	Program) Were there any nonexempt transactions with any party-in-interes			10a			20002				
	 Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 			10b		х					
_	Was the plan covered by a fidelity bond?			10c		x			- 11515		
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	onesia. Li aeric			. 1	
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			405		x				-	
_	the plan? (See instructions.)			10e 10f		х					
						_	50,000				
				10g		X	223				
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)	••••••	******************************	10h		x		(80000000)A			
İ	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i							

, . . \ ,

	Form 5500-SF 2016 Page 3 -									
Parl	W2=1/72-10-1				1					
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes X No (Form 5500 and line 11a below)									
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40)	11a							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?				☐ Yes	x	No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year									
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.								
b	Enter the minimum required contribution for this plan year	••••••	12b							
С	Enter the amount contributed by the employer to the plan for the plan year		12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [No 🗆	N/A					
Par	Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?	••••••		Yes X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**********	13a							
b	control of the PBGC?			Yes X No						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan	(s) to							
1	3c(1) Name of plan(s):	13c(2) E	IN(s)		13c(3)	PN(s)				
		:								
Par	t VIII Trust Information - Skip These Questions									
148	Name of trust		14b	Trust's E	IN					
14c Name of trustee or custodian				14d Trustee or custodian's telephone number						

Part IX IRS Compliance Questions - Skip These Questions						
15a Is the plan a 401(k) plan? If "No," skip b.		Yes		No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-based safe harbor		"Prior y test	year" A	NDP
		"Current year" ADP test		N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percentage [test	J Aver	age efit test		N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		No	,,,	,
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter/ / and serial number	pinion	letter or advisor	/ letter, e	enter the	date	of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the	date of the most	recent of	determin	ation	

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Yes No

Yes No

Defined Benefit Plan or Money Purchase Pension Plan Only: