_	rm 5500-SF	Short Form Annua	t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	57(b) and 6058(a) of the I e).	nternal	This Form is Open to Public Inspection				
Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		dentification Information	016	and ending 12	31/2016				
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a									
A This ref	urn/report is for:	a one-participant plan		mployer information in acc		-			
B This retu	urn/report is	the first return/report	the final return/report	rn/report (less than 12 mo	nths)				
C Check	box if filing under:	Image: State of the state o							
		special extension (enter descri	ption)						
Part II	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name of plan BARRY M. SCHWARTZ MD PC MONEY PURCHASE PLAN						1b Three-digit plan number 001 1c Effective date of plan			
						10/09/1981			
Mailing	address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	2b Employer Identification Number (EIN) 13-3086093				
	CHWARTZ MD PC			,	2c Sponsor's telephone number 212-628-1800				
23 EAST 79TH STREET NEW YORK, NY 10075					2d Business code (see instructions) 621111				
	dministrator's name and				3b Administrator's EIN				
BARRY M. SCHWARTZ MD PC 23 EAST 79TH STREET NEW YORK, NY 10075						3c Administrator's telephone number 212-628-1800			
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participants a	at the beginning of the plan year			5a	2			
b Total	number of participants a	at the end of the plan year			5b	0			
		ccount balances as of the end of t			5c	0			
d(1) Tot	al number of active part	icipants at the beginning of the pla	an year		5d(1)	2			
		ticipants at the end of the plan yea erminated employment during the			5d(2)				
than	100% vested				5e				
Under pena SB or Sche	alties of perjury and oth	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/rep	ort, includii	ng, if applicable, a Schedule			
SIGN		alid electronic signature.	07/25/2017	BARRY SCHWARTZ					
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	r name of individual signing as plan administrator				
SIGN HERE	Signature of employ		Date		al signing a	as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number CLARE CASTELLANOS, CPA 914-686-0400 KIRSHENBAUM & URBAN LLP 914-686-0400 10 BANK STREET STE 580 WHITE PLAINS, NY 10606									

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
C If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 4021)?	Yes No	Not determined		
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year		
a Total plan assets	7a	820505				
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	820505				

Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	53347	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		53347
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	873852	
e Certain deemed and/or corrective distributions (see instructions).	8e		
Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
1 Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		873852
Net income (loss) (subtract line 8h from line 8c)	8i		-820505
Transfers to (from) the plan (see instructions)	8j		
art IV Plan Characteristics			

Plan Characteristics

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V Compliance Questions

10	During the plan year:				N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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 the plan? (See instructions.).	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)	•					Yes 🗙 No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12								Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					🗆		
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruction	s, and	enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth		_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least tive amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s I	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			873852	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?				X Yes No			
C	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif th assets or liabilities were transferred. (See instructions.)							
	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
		e of trust			14b 1	Frust's I	EIN		
14c	Name	e of trustee or custodian					s or custo		
					telephone number				
Par	LIV	IRS Compliance Questions							
Fai									
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			No		
					gn-based "Prior year" ADF harbor test			/ear" ADP	
				Curre	nt year' est		X N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/A	
16b		the plan satisfy the coverage and nondiscrimination requirements of sections $410(b)$ and $401(a)(4)$		Yes			No		
17a		e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of etter / / and the serial number	opinion	letter	or advi	sory let	ter, enter t	he date of	
17b		plan is an individually-designed plan that received a favorable determination letter from the IRS, en	iter the	date o	of the m	lost rec	ent determ	nination	
18	Defin 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 ce?		rom	Yes	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s [No		