## 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 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

2010

This Form is Open to Public Inspection

Pa	art I   Annual Report	Identification Information				
For	calendar plan year 2010 or fi		0	and ending 1	0/31/2	2011
Α -	This return/report is for:	xingle-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
<b>B</b> This return/report is for: first return/report			final retur	n/report		_
		an amended return/report	short plar	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558		extension	,	DFVC program
•	Check box it filling under.	special extension (enter descripti	1	Octobiolis		_ 5. vo program
Do	ert II   Pacia Plan Info	<u> </u>	,			
	art II Basic Plan Info Name of plan	rmation—enter all requested inform	nation		1h	Three-digit
	NTIN M. MURPHY, DDS PC	PROFIT SHARING PLAN			10	nlan number
						(PN) • 002
					1c	Effective date of plan
		<del> </del>			01	11/01/1999
	Plan sponsor's name and ad NTIN M. MURPHY, DDS	dress (employer, if for single-employe	r plan)		2D	Employer Identification Number (EIN) 13-3132816
QUL	ittiittiii. Mota tii, 550				2c	Plan sponsor's telephone number
	ONDFIELD ROAD NXVILLE, NY 10708					914-337-1004
DICO	NXVILLE, NT 10700				2d	Business code (see instructions) 621112
32	Plan administrator's name ar	nd address (if same as Plan sponsor, e	anter "Same	۵"۱	3h	Administrator's EIN
	NTIN M. MURPHY, DDS	77 PONDFII	ELD ROAD	,		13-3132816
		BRONXVILI	E, INT 107	06	3с	Administrator's telephone number 914-337-1004
1 1	f the name and/or EIN of the	plan sponsor has changed since the la	et roturn/ro	port filed for this plan, enter the	4h	
		ber from the last return/report. Spons		port med for this plan, enter the	40	EIN
					4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	5
<b>b</b> Total number of participants at the end of the plan year					5b	5
С		with account balances as of the end of		•	F	5
	. ,				5c	
	•	s during the plan year invested in eligil f the annual examination and report of		'		^ Yes   No
D		? (See instructions on waiver eligibility				X Yes No
		ither 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III   Financial Infor	mation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	324743	-	344613
b	Total plan liabilities		7b		0	0
C	Net plan assets (subtract line	e 7b from line 7a)	. 7с	324743	3	344613
8	Income, Expenses, and Trai			(a) Amount		(b) Total
а	Contributions received or re-	ceivable from:	8a(1)	30000	0	
	• • •	ers)				
b	` ` ` ` ` `		` '	-10130	0	
C	` ,	), 8a(2), 8a(3), and 8b)				19870
d	, ,	ct rollovers and insurance premiums				
			8d			
е	Certain deemed and/or corre	ective distributions (see instructions)	8e			
f	Administrative service provide	ders (salaries, fees, commissions)	. 8f		_	
g	•					
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	. 8h			0
i	Net income (loss) (subtract I	ine 8h from line 8c)	. 8i			19870
	Transfers to (from) the plan	(see instructions)	. 8j			

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Part IV	l Dian	('harac	eteristics
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HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	acteris	tic Co	des in	the instru	uctions	•	
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Wa	as the plan covered by a fidelity bond?	10c	X					195000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					[	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 0	otion	002 01			]	ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instricting the waiver							
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13							
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	lf "۱	res," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough he PBGC?	under	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	1				
1	13c(1) Name of plan(s):			13	c(2) El	N(s)		13c(3)	PN(s)
laut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	hle cai	ISA İS	establ	ished			
Jnde	r pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re- nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	turn/rep	port, ir	cludin	g, if appli			
	f, it is	s true, correct, and complete.		.,					
SIG	N	Filed with authorized/valid electronic signature.  08/07/2012  QUENTIN MUR	PHY						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Ps	rt   Annual Report Identification Information									
	calendar plan year 2010 or fiscal plan year beginning 1	1/01/2	010	and ending	1	0/31/2011				
~		multiple-er	nployer plan (not	multiemployer)	one-participant plan					
		final return	/report	· ·						
		short plan	year return/repor	t (less than 12 mor	ths)					
C (	Check box if filing under:	automatic	extension		Γ	DFVC progra	m			
•	special extension (enter description	n)			_	-1				
D.	rt II Basic Plan Information—enter all requested informa					····				
	Name of plan	20011			1b	Three-digit				
*u	Quentin M. Murphy, DDS PC Profit Sharing	Plan			•	olan number				
	~ **					PN) •	002			
				that are		Effective date of 11/01/199	•			
22	Plan sponsor's name and address (employer, if for single-employer	nlan)					ication Number			
<u> </u>	Quentin M. Murphy, DDS	p.a.r.)			(	EIN) 13-313	2816			
	77 Pondfield Road						elephone number			
	// Polidileid Road					914-337-1 Business code (	see instructions)			
	Bronxville NY 10708					621112	ood med dodono,			
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	")			Administrator's				
	Quentin M. Murphy, DDS			,		<u>13-313281</u>	telephone number			
	77 Pondfield Road Bronxville NY 10708					914-337-1				
If the name and/or EIN of the plan sponsor has changed since the last re			port filed for this p	olan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponsor's name						4c PN				
	Total number of participants at the beginning of the plan year				5a	T	5			
5a	•				5b		5			
b	the state of the s					- 5b				
С	complete this item)	ule pian y	ear (delined bein	ent plans do not	5c		5			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions	.)		.,	X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified pu	blic accountant (IQ	PA)		⊠ Yes ∏ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use F	and conditi	ons.) SE and must ins	tead use Form 55	 nn	,	B 100 L 110			
D.	irt III Financial Information	01111 3300-	or and mast me	teda aso i cimioo						
7	Plan Assets and Liabilities		(a) Begi	nning of Year		(b) End	of Year			
-	Total plan assets	7a		32474	3		344613			
b	Total plan liabilities	7b			0		0			
C	Net plan assets (subtract line 7b from line 7a)	7c		32474	3		344613			
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b)	Total			
а	Contributions received or receivable from:	0-(4)		3000	٨					
	(1) Employers	1		3000						
	(2) Participants	1								
h	(3) Others (including rollovers)			-1013	o					
b	Other income (loss)	E .					19870			
c d	Total Income (add lines oa(1), oa(2), oa(3), and ob)	·  <u> </u>		Keppentan Manadah Selah Sebahan dalah S	0000	erika erika erika dalam	12010			
u	Renefits haid (including direct rollovers and insurance premiums		}		200		19870			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			_		19070			
e	to provide benefits)						19070			
e f	to provide benefits)	. 8e					19870			
e f g	to provide benefits)	. 8e . 8f								
f	to provide benefits)	8e 8f 8g					0			
f g	to provide benefits)	8e 8f 8g 8h								

Page	2	

Form	5500	SF.	201	O

Dart IV		
		rteristics

- Part IV Plan Characteristics

  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

100000000	888 T										
Part				·	V	Sia I		0			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	the time peri-	od described in	10a	Yes	No X		Amo	ount		
b	Were there any nonexempt transactions with any party-in-interest? (Do not in on line 10a.)		Х								
С	Was the plan covered by a fidelity bond?		10c	Х				19	95000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon or dishonesty?		Х								
е	Were any fees or commissions paid to any brokers, agents, or other persons insurance service or other organization that provides some or all of the benefinstructions.)		Х								
f	Has the plan failed to provide any benefit when due under the plan?		144411111111111111111111111111111111111	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year en	nd.)		10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10h		Х					
Ì	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	notice or one	of the	10i							
Part	Part VI Pension Funding Compliance										
11											
a If	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and	Mon skip to line 13.	th		Day .	e date of t	the le	etter rul ar	ing 	
b	Enter the minimum required contribution for this plan year				- 1	12b					
c d	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minu	is sign to the left	of a		12c 12d					
е	Will the minimum funding amount reported on line 12d be met by the funding						Yes		No	N/A	
Part	500000001										
	Has a resolution to terminate the plan been adopted during the plan year or a	any prior year	?			*****			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th					13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another	plan, or brought	under	the co				Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another	plan(s), identify t	he pla							
	3c(1) Name of plan(s):				13	c(2) E	N(s)		13c(3)	PN(s)	
Cau	ion: A penalty for the late or incomplete filing of this return/report will be	e assessed u	ınless reasonab	ole ca	use is	estab	lished.				
SBc	er penalties of perjury and other penalties set forth in the instructions, I declare it is schedule MB completed and signed by an enrolled actuary, as well as the eff, it is true.	that I have electronic vers	examined this ret sion of this return	urn/re /repor	port, i t, and	ncludin to the	g, if applic best of my	able / kno	, a Sch wledge	edule and	
	N Lucitote Medley 8/	6/12	Quentin Mu	rph	У						
SIG		7.	Enter name of	ndivid	lual sig	ning a	s plan adr	ninis	trator		
SIG			3								
	IERE Signature of employer/plan sponsor Date Enter name of in					ual signing as employer or plan sponsor					