## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	ension B	Senefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Insp	ection
Pa	Part I Annual Report Identification Information							
For	calend	lar plan year 2011 or fisc	al plan year beginning 11/01/201	1	and ending 1	0/31/2	2012	
Α	This re	turn/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participa	nt plan
В	This re	turn/report is:	the first return/report	the final r	eturn/report		<u> </u>	
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
<b>C</b>	Chaale	hov if filing under	X Form 5558		extension	]	DFVC program	1
C	Cneck	box if filing under:	<u> </u>		, exterision	ļ	Di ve piogiani	ı
_	4 11		special extension (enter description	,				
	art II		mation—enter all requested information	ation		41-		
		e of plan M. MURPHY, DDS PC PF	POEIT SHABING DI ANI				Three-digit plan number	
QUE	IN I IIN IV	VI. MURPHT, DDS PC PR	OFIT SHARING PLAN				(PN)	002
						1c	Effective date of p	olan
							11/01/1	999
2a	Plan s	sponsor's name and addr	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identific	
QUE	:NIIN N	M. MURPHY, DDS					(EIN) 13-3132	2816
						2c	Sponsor's telepho	
		ELD ROAD					914-337-	
BRO	NXVILI	LE, NY 10708				2d	Business code (se	
	Diama			-+ "C	.,,,	2h	621112	
		administrator's name and M. MURPHY, DDS	address (if same as plan sponsor, er 77 PONDFIE	LD ROAD	•	30	Administrator's EI 13-3132	
		,	BRONXVILLE	E, NY 1070	08	3с	Administrator's tel	ephone number
							914-337-	1004
4			plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
а		e, Elin, and the plan numb sor's name	per from the last return/report.			4c	DNI	
	•		the heginning of the plan year				FIN	
b	5a Total number of participants at the beginning of the plan year					5a		
			• •			5b		
С		· ·	count balances as of the end of the p	• (	•	5с		Ę
6a		,	during the plan year invested in eligible				1	X Yes No
b		·	ne annual examination and report of a		•			
			See instructions on waiver eligibility a					X Yes No
-			er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
Pa -	rt III	Financial Inform	ation		Ι			
1	Plan /	Assets and Liabilities			(a) Beginning of Year		(b) End o	
а		•		. 7a	344613			398070
b		•		. 7b	0			0
_ <u>c</u>		•	7b from line 7a)	. 7c	344613			398070
8		ne, Expenses, and Trans			(a) Amount		(b) To	tal
а		ributions received or rece Employers	ivable from:	8a(1)	10000			
				8a(2)				
	` '	·	)	8a(3)				
b	` '	` •			43457	_		
_		, ,		8c	.5.5.			53457
c d			8a(2), 8a(3), and 8b)rollovers and insurance premiums	00				
u				. 8d				
е	Certa	in deemed and/or correc	tive distributions (see instructions)	8e				
f	Admir	nistrative service provide	rs (salaries, fees, commissions)	. 8f				
g								
h		·	8e, 8f, and 8g)					0
i			e 8h from line 8c)					53457
j		` , `	ee instructions)					
					i e e e e e e e e e e e e e e e e e e e			

Form	5500	SF	201

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

0	During the plan year:		Yes	No		Δ.	nour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			X			iioui		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		^					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X					19	95000
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		X					
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		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Y	'es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							/ \	<del></del>
	1 ,		CUOIT	3U2 OT 1	EKIS/	۱?	ľ	'es	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0.00	CHOILS	3U2 OT	EKISA	λ?	ĭ	es /	No No
а	(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 amortized in this plan year, see instrugranting the waiver	ctions,	, and e	nter th	e date	e of the	lette	r rulin	g
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	, and e	nter th	e date	e of the	lette	r rulin	g
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions, nth	, and e	nter th	e date	e of the	lette	r rulin	g
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	, and e	nter th Day	e date	e of the	lette	r rulin	g
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	, and e	nter th Day	e date	e of the	lette	r rulin	g
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	, and e	nter th Day 12b 12c 12d	e date	e of the	lette	r rulin	g
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	, and e	nter th Day 12b 12c 12d	e date	e of the	letter	r rulin	g 
lf y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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 (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	, and e	12b 12c 12d	e date	e of the	letter	r rulin	g 
lf y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	, and e	12b 12c 12d	e date	e of the Ye	letter	r rulin	g 
lf y b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date	e of the Ye	letterear _	r rulin	N/A
b c d e e lart	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date	e of the Ye	letterear _	r rulin	g 
b c d e e last	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Ye	e of the Ye	No Y	r rulin	N/A  No
b c d e e last	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Ye	e of the Ye	No Y	r rulin	N/A  No
b c d e e lart l3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a  under	3a the co	12b 12c 12d	Ye Yes	es \X\ No	No Y	r rulin	N/A  No

SIGN	Filed with authorized/valid electronic signature.	08/09/2013	QUENTIN MURPHY
HERE	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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	► Complete all entries in acco	rdance w	ith the instructions to the Form 550	0-SF.	Inspection
	'art   Annual Report Identification Information			_	
	r calendar plan year 2011 or fiscal plan year beginning	11/01,			19/31/2012
	This return/report is for:	_ a multip	le-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report the final return/report				
	an amended return/report	a short p	lan year return/report (less than 12 m	onths)	•
С	Check box if filing under:	automat	ic extension		DFVC program
	special extension (enter descripti	ion)			
P	art II   Basic Plan Information—enter all requested inform	nation			
	Name of plan			1b	Three-digit
Q	uentin M. Murphy, DDS PC Profit Sharing I	Plan			plan number 002
				4-	(FIN) P
					Effective date of plan 11/01/1999
2a	Plan sponsor's name and address; include room or suite number (	employer,	if for a single-employer plan)	<del> </del>	Employer [dentification Number
Q۱	tentin M. Murphy, DDS				(EIN) 13-3132816
7'	Pondfield Road			2c	Sponsor's telephone number
,	, FOLMITEIR ROAR			ļ	914-337-1004
· 31	conxville NY 10708			2d	Business code (see instructions)
		ntos il Ones	- "\	21.	621112
Q۱	Plan administrator's name and address (if same as plan sponsor, e tentin M. Murphy, D⊃S	intoi Odii	e )	3D	Administrator's EIN 13-3132816
77	Pondfield Road			3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last ratura	from the first this plan antique		914-337-1004
	name, EIN, and the plan number from the last return/report.	iast i ctui i	report med for this plant, either the	40	EIN
	Sponsor's name		<u> </u>	4c	PN
	Total number of participants at the beginning of the plan year			5a	5
b	and the property of the oracle of the plant your minimum.			5b	, 5
C	Number of participants with account balances as of the end of the	plan year	defined benefit plans do not		
68	complete this item)	المحمدات	100 a instanction of	<u>5c</u>	
b	Are you claiming a waiver of the annual examination and report of	an indene	iot) tecteurose sildue beilileur tesbe	740	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.)	and condi	lions.)		X Yes No
Γ₽:	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500	-SF and must instead use Form 550	00.	
7	Plan Assets and Liabilities	<u> </u>			
· a	Total plan assets		(a) Beginning of Year	-	(b) End of Year
b			34461	<u>კ</u>	398070
	Net plan assets (subtract line 7b from line 7a)	70		¥	0
8	Income, Expenses, and Transfers for this Plan Year	7c	34461	.3	398070
a	Contributions received or receivable from:		(a) Amount	+	(b) Total
	(1) Employers	8a(1)	1000	0	
	(2) Participants	8a(2)		7	
	(3) Others (including rollovers)	8a(3)		7	
b	Other income (loss)	8b	4345	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			53457
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	۱.,			
е	Certain deemed and/or corrective distributions (see instructions)	8d		4	
f	Administrative service providers (salaries, fees, commissions)	- 8e - 8f	·	4	
g	Other expenses	8g		1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	ey 8h	<u> </u>		
i	Net income (loss) (subtract line 8h from line 8c)	8i		<del> </del>	0
j	Transfers to (from) the plan (see instructions)	8i		-	53457
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for I	6] Form 5500-S			Form \$500-SF (2011)
					v.012511

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Par	rt IV Plan Characteristics						
<b>9</b> a							
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Pan	t V Compliance Questions						
10	During the plan year:	···	Yes	No	Amount		
a	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		19500		
ď	Did the plan have a foss, 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.)	10a		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	101			-		
Part		استنسل		<del></del>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB (Fo	√m ∏ Yes ∏ No		

	5500))	*******************	]	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of ERISA	?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		Ц	'	<u></u>
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.	enter the date	of the le	tter rulir r	ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			*	***************************************
b	Enter the minimum required contribution for this plan year	12b			
C	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	T Yes	П	₩ П	N/A
Part					
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	<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol	П	Yes [	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0	ب	L	
1	3c(1) Name of plan(s):	c(2) EIN(s)		3c(3) F	PN(s)
		_,			

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 & nexte left see		Quentin Murphy
HERE Signature of plan administrator	Date 8/9/13	Enter name of individual signing as plan administrator
SIGN		
HERE   Signature of employer/plan sponsor	Date	Enter name of individual signing as emptoyer or plan sponsor

## Authorization to Electronically File Form 5500SF

I hereby authorize any employee of URPC to upload a signed copy and electronically submit Form 5500SF on my behalf for my company retirement plan the following filing year(s): October 31, 2012

I further understand the following:

- I must sign a paper copy of the completed Form 5500SF & return for upload.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 8/9//3