FORM 5500-SF Short Form Annual Return/Report of Sman Employee						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					2013			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					58(a) of This Form is Open to F		s Open to Public	
Pension Ben	Pension Benefit Guaranty Corporation Inspection						spection	
		entification Information						
For calendar	plan year 2013 or fisca				2/31/2			
A This retu	m/report is for:			an (not multiemployer)		a one-partici	pant plan	
B This retu	rn/report is:	· ·	ne final return/report					
	Ĺ			n/report (less than 12 m	onths	-		
C Check bo	ox if filing under:	Form 5558a	utomatic extension			DFVC progra	am	
		special extension (enter description)						
		nation—enter all requested informati	on				1	
1a Name of	•	1K PROFIT SHARING PLAN & TRUS	-		1b	Three-digit plan number		
DRUCE D. MP	IRZULLO, DDS, PC 40	IN PROFIL SHARING PLAN & TRUS	1			(PN) ►	002	
					1c	Effective date o	f plan	
						01/01		
	onsor's name and addre ARZULLO, DDS, PC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 01-06	fication Number 05051	
43 LAGRANG	E AVENUE				2c	Sponsor's telep 845-45		
POUGHKEEP	SIE, NY 12603				2d	Business code (see instructions) 621210		
3a Plan adr	ninistrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN		
					3с	Administrator's	telephone number	
4 If the na	me and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN		
name, E a Sponsor		er from the last return/report.			40	PN		
·		the beginning of the plan year			40 5a		3	
		the end of the plan year			5a 5b			
		count balances as of the end of the pla			50		3	
					5c		3	
	•	uring the plan year invested in eligible	•	,			🗙 Yes 🗌 No	
		e annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No	
		er line 6a or line 6b, the plan cannot						
C If the pla	an is a defined benefit p	lan, is it covered under the PBGC inst	urance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A r	enalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau		established	-	
		penalties set forth in the instructions,					able, a Schedule	
SB or Sched		signed by an enrolled actuary, as well						
SIGN HERE	iled with authorized/val	id electronic signature.						
HEKE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIGN HERE	Cienchurs of courts	when energy	Data					
	Signature of employe ame (including firm name	r/plan sponsor ne, if applicable) and address; include	Date	Enter name of individer (optional)			er or plan sponsor number (optional)	

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) En	d of Year	
a Total plan assets	7a	136908	9			1820941	
b Total plan liabilities	7b		0			0	
C Net plan assets (subtract line 7b from line 7a)	7c	136908	9			1820941	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b)	Total	
a Contributions received or receivable from:	0-(4)	3950 [,]	1				
(1) Employers		2300					
(2) Participants			0				
(3) Others (including rollovers) b Other income (loss)		38935	-				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						451852	
d Benefits paid (including direct rollovers and insurance premiun						401002	
to provide benefits)		(0				
e Certain deemed and/or corrective distributions (see instruction	s) 8e	(0				
f Administrative service providers (salaries, fees, commissions)	8f	(0				
g Other expenses	8g	(0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
Net income (loss) (subtract line 8h from line 8c)				_		451852	
j Transfers to (from) the plan (see instructions)	······ 8j		0				
b If the plan provides welfare benefits, enter the applicable welfare	are feature codes	from the List of Plan Charac	cteristic	c Codes i	n the instruc	ctions:	
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	are feature codes	from the List of Plan Charac	cteristio	c Codes i	n the instruc	ctions:	
· · · · · · · · · · · · · · · · · · ·	are feature codes	from the List of Plan Charac		Codesi Yes No		ctions: Amount	
Part V Compliance Questions	ntributions within t	he time period described in					
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cor	ntributions within th Fiduciary Correc erest? (Do not inc	he time period described in tion Program)		Yes No			
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-interval 	ntributions within th r Fiduciary Correc erest? (Do not inc	he time period described in tion Program) lude transactions reported	10a	Yes Ne		Amount	1000
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-intro on line 10a.)	tributions within the Fiduciary Correcterest? (Do not inconstructions) and statements of the fidelity bond, the fidelity bond, the fidelity bond,	he time period described in tion Program) lude transactions reported	10a 10b	Yes No		Amount	1000
Part V Compliance Questions IO During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-intron line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or commission	htributions within the Fiduciary Correct erest? (Do not inc lan's fidelity bond, for other persons bor all of the benefit	he time period described in tion Program) lude transactions reported transactions	10a 10b 10c 10d	Yes No X X X		Amount	4000
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-into on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	htributions within the Fiduciary Correct erest? (Do not inc lan's fidelity bond, for other persons bor all of the benefit	he time period described in tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes Ne X		Amount	1000
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-intron line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.) f Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to plan benefit when due under the plan failed to plan benefit when due under the plan failed to plan benefit when due under the	htributions within the Fiduciary Correct erest? (Do not inc lan's fidelity bond, for other persons bo or all of the benefit e plan?	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes No X X X X X X X X X X X X		Amount	1000
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-internet on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.) f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amonia h If this is an individual account plan, was there a blackout period. 	htributions within the Fiduciary Correct erest? (Do not incent erest?) (Do not incent erest.) (Do not erest?) (Do not erest.) (Do not ere	he time period described in tion Program) Jude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See the plan? (See the plan? (See	10a 10b 10c 10d 10d 10e 10f 10g	Yes No X X X X X X		Amount	1000
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 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-into on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.) f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant have any participa	htributions within the relation of the benefit erest? (Do not incomparison of the lan's fidelity bond, for other persons bor all of the benefit e plan? unt as of year end iod? (See instruction ded the required not control of the benefit end the required not control of the benefit ded the required not control of the benefit det the required not control of the benefit end the required not control of the benefit det the required not control of the benefit det the required not control of the benefi	he time period described in tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10g	Yes No X X X X X X X X X X X X X X X X X X	2	Amount	4000
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-into on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or instructions.) f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout periz520.101-3.) i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252 Parsion Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requis5500) and line 11a below). 	htributions within the reduciary Correct erest? (Do not inc lan's fidelity bond, for other persons bo for all of the benefit e plan? unt as of year end lod? (See instruction ded the required n 10.101-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10h	Yes Normalized Schedule	SB (Form	Amount 14	
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-intron line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.) f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (I	htributions within the Fiduciary Correct erest? (Do not inc lan's fidelity bond, for other persons bo or all of the benefit e plan?	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	2	Amount 14	
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-intron line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the p or dishonesty? e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.) f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout periz520.101-3.) i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requision of a subject to the minimum furting the subject to the minimum furting furties a subject to the minimum furting the subject to the minimum furting the subject to the minimum furting furties and subject to the minimum furties and subject to the minimu	htributions within the reduciary Correct erest? (Do not inc lan's fidelity bond, bor other persons bor all of the benefit e plan? unt as of year end iod? (See instruction ded the required n io.101-3 uirements? (If "Year ear from Schedule nding requirement	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	2	Amount 14	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-intron line 10a.)	htributions within the reiduciary Correct erest? (Do not incomposed in the lan's fidelity bond, for other persons bo for all of the benefit e plan?	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10g 10h 10i e or sec	Yes Normal Action 302 and enter	D D Image: Constraint of ERISA?	Amount 14	

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		
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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

		EIN 01-	0605 <u>051 /</u>	PN 002			
	Form 5500-SF Short Form Annual Return/Report of Small Employee Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2013
Employee B	Department of Labor Employee Benefits Security Administration Reasing Readit Guaranty Comparison Reasing Readit Guaranty Comparison Inspection						
	enefit Guaranty Corporation	► Complete all entries in accorda	nce with the instru	ctions to the Form 550	0-SF.		
Part I	Annual Report Id	entification Information	/01/2012	and andina		10/21/20	
			/01/2013	and ending		12/31/20:	
				lan (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:		ne final return/report	a kapat (lace than 12 m	onthe	\ \	
				n/report (less than 12 m	onins	-	
C Check	box if filing under:		utomatic extension			DFVC progra	im
Dent II		special extension (enter description)					
Part II 1a Name		nation—enter all requested informati	on		1h	Three-digit	
	•	DDS, PC 401K PROFIT				plan number	
	ING PLAN & TRUS					(PN) 🕨	002
					1c	Effective date o 01/01/199	•
	ponsor's name and addre E D. MARZULLO,	ess; include room or suite number (emp DDS, PC	bloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 01-060	
					2c	Sponsor's telep (845) 452-	hone number
	AGRANGE AVENUE				2d	Business code (
	HKEEPSIE	address XSame as Plan Sponsor Nar		12603 Sponsor Address	36	621210 Administrator's I	
					30	Administrator's I	elephone number
		an sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN	
	or's name				4c	PN	
		the beginning of the plan year			5a		3
		the end of the plan year			5b		3
		count balances as of the end of the plan			5c		3
b Are yo under If you	bu claiming a waiver of th 29 CFR 2520.104-46? (S answered "No" to eithe	uring the plan year invested in eligible a e annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot lan, is it covered under the PBGC insu	independent qualifie conditions.) use Form 5500-SF	d public accountant (IQ and must instead use	PA) Form	5500	X Yes No
Caution: A	penalty for the late or i	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.	
SB or Sche	alties of perjury and other edule MB completed and s true, correct, and complet	penalties set forth in the instructions, I signed by an enrolled actuary, as well e.	declare that I have eas the electronic vers	examined this return/rep sion of this return/report	oort, in , and t	cluding, if applica the best of my	able, a Schedule knowledge and
SIGN	XIma).	Man	2/4/14	BRUCE D. MARZU	ILLO	, DDS	
HERE	Signature of plan adm		Date	Enter name of individu	ual sig	ning as plan adm	inistrator
SIGN						ning ab plan aan	
HERE	Signature of employer	/plan sponsor	Date	Enter name of individu	ial sig	ning as employe	or plan sponsor
Preparer's		e, if applicable) and address; include r			_		number (optional)

EIN 01-0605051 / PN 002

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Page **2**

7 Plan Acceste and Liebilities							
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year
a Total plan assets	7a	1,36		39			1,820,9
b Total plan liabilities	7b			0	_	_	
C Net plan assets (subtract line 7b from line 7a)	75 7c	1,36	9.08	39			1,820,9
8 Income, Expenses, and Transfers for this Plan Year	10		_	-		(h) T	
a Contributions received or receivable from:		(a) Amount				(b) T	
(1) Employers	8a(1)	3	9,50	01			
(2) Participants	8a(2)	2	3,00	00			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b	38	9,35	51			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						451,8
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0	_		
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+			
i Net income (loss) (subtract line 8h from line 8c)	8i		_	+			451,8
j Transfers to (from) the plan (see instructions)			-	0			
Part IV Plan Characteristics	8j			<u> </u>			
b If the plan provides welfare benefits, enter the applicable welfare fea Part V Compliance Questions	ature code	es from the List of Plan Chara	cteris	tic Cod	les in th	ne instructio	ons:
10 During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidua	ions within						
	ciary Corre		10a		x		
b Were there any nonexempt transactions with any party-in-interest?	P (Do not ir	ection Program)	10a 10b		x x		
	? (Do not ir	ection Program)		x			140,0
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond? 	? (Do not ir	ection Program) include transactions reported d, that was caused by fraud	10b	x			
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? 	? (Do not ir fidelity bon	ection Program) nclude transactions reported d, that was caused by fraud	10b 10c	X	x		
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? 	P (Do not ir fidelity bon er persons f the benef	ection Program) helude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c	x	x		
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of 	? (Do not ir fidelity bon er persons f the benef	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	x	x x		
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) 	? (Do not ir fidelity bon er persons f the benef	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	x	x x x		
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) f Has the plan failed to provide any benefit when due under the plan 	? (Do not ir fidelity bon er persons f the benef ? s of year er See instruc	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ttions and 29 CFR	10b 10c 10d 10e	x	x x x x x		
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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)					
е	Will t	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	a resolution to terminate the plan been adopted in any plan year?	\sim	Yes X No	
	lf "Y€	s," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the open PBGC?	control		Yes 🛛 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to assets or liabilities were transferred. (See instructions.)	to		
1	3c(1)	Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)
			_		
Part	VIII	Trust Information (optional)			
14a (Name	of trust	14b ⊺⊧	rust's EIN	