-	m 5500-SF	/ee	OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	B This form is required to be filed	nd 4065 of the Employee	e	2012					
Employee B	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058(code).	(a) of	This Form is Open to Public Inspection						
	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 5500)-SF.					
For calenda	Annual Report Id ar plan year 2012 or fisca	lentification Information al plan year beginning 11/01/2012		and ending 10	0/31/2	2013				
	5			C	0/01/2					
B This return/report is: an amended return/report a short plan year return/report (less than 12 months)										
C Charles	box if filing under:		automatic extension		/1113)	DFVC program				
Check i		special extension (enter description								
Part II	Basic Plan Inform	nation—enter all requested informa								
1a Name		mation—enter all requested informa			1b	Three-digit				
	. MURPHY, DDS PC PR	OFIT SHARING PLAN				plan number				
				-		(PN) ▶ 002				
					1c	Effective date of plan				
2a Plan si	onsor's name and addr	ess; include room or suite number (en	polover if for a single-	employer plan)	2b	11/01/1999 Employer Identification Number				
	I. MURPHY, DDS		ipioyer, in for a single		20	(EIN) 13-3132816				
77 PONDFIE					2c	Sponsor's telephone number 914-337-1004				
	E, NY 10708				2d	Business code (see instructions) 621112				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	n Sponsor Address	3b	Administrator's EIN				
						Administrator's telephone number				
		lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN				
a Sponse		· · · · · · · · · · · · · · · · · · ·			4c	PN				
5a Total r	number of participants at	the beginning of the plan year			5a					
b Total r	number of participants at	the end of the plan year			5b	5				
	· ·	count balances as of the end of the pl			E a	F				
					5c	5 X Yes No				
		luring the plan year invested in eligible ne annual examination and report of a				Yes No				
		See instructions on waiver eligibility a				X Yes No				
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use I	Form	5500.				
		incomplete filing of this return/repo								
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as wel te.								
SIGN Filed with authorized/valid electronic signature. 07/28/2014 QUENTIN MURPHY				IY						
HERE	Signature of plan adr	ninistrator	Date	ial sic	ning as plan administrator					
SIGN										
HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individu	name of individual signing as employer or plan sponso					
Preparer's	name (including firm nar	ne, if applicable) and address; include		r (optional)		Preparer's telephone number (optional)				
				-						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

 Plan Assets and Liabilities a Total plan assets	7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8d 8c 8d 8e 8f 8g 8h 8i 8i	(a) Beginning of Yea 39807 39807 (a) Amount 250 2148 1063	70 0 70 0 0 0 39			(b) End of Year 411400 0 411400 (b) Total 23989
 b Total plan liabilities	7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8d 8c 8d 8e 8f 8g 8h 8i 8i	39807 (a) Amount 250 2148 1063	0 70 00 0 0 39 39 0 0 0			0 411400 (b) Total
 C Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants	7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8d 8e 8f 8g 8h 8i 8i	(a) Amount 250 2148 1063	0 0 0 39 39 0 0			411400 (b) Total
 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount 250 2148 1063	0 0 39 39 0 0			(b) Total
 a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers) b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g). 	8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i 8i 8j	250 2148 1063	0 0 39 9 0 0			
 (1) Employers	8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i 8i 8j	2148	0 0 39 9 0 0			23989
 (2) Participants	8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i 8i 8j	2148	0 0 39 9 0 0			23989
 (3) Others (including rollovers)	8a(3) 8b 8c 8c 8d 8d 8d 8d 8g 8g 8h 8g 8h 8g 8h 8i 8i	1063	0 39 39 0 0			23989
 b Other income (loss)	8b 8c 8c 8d 8d 8e 8f 8g 8h 8i 8i	1063	39 9 0 0			23989
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 	8c 8d 8d 8e 8e 8f 8f 8g 8h 8h 8i 8j	1063	9 0 0			23989
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 	8d 8e 8f 8g 8g 8h 8h 8i 8i 8j		0			23989
to provide benefits) e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)	8d 8e 8f 8g 8g 8g 8h 8i 8j		0			
 e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 	8e 8f 8f 8g 8g 8h 8h 8h 8i 8i		0			
 f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 	8f 8g 8g 8h 8h 8h 8i	2	0			
 g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 	8g 8h 8i 8j	2	20			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j	2				
• • • • • • • • • • • • • • • • • • •	8i 8j					10659
	····· 8j					13330
j Transfers to (from) the plan (see instructions)	0,					10000
Part IV Plan Characteristics						
 a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D b If the plan provides welfare benefits, enter the applicable welfare 						
art V Compliance Questions						
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F			10a		x	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		195000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		-	10d		x	
e Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.)	all of the benefit	s under the plan? (See	10e		×	
f Has the plan failed to provide any benefit when due under the p	plan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amoun	nt as of year end	.)	10g		X	
h If this is an individual account plan, was there a blackout period 2520.101-3.)	d? (See instructi	ons and 29 CFR	10g		x	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the required n	otice or one of the	10i			
art VI Pension Funding Compliance						
1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Ye	s," see instructions and com	plete	Scheo	dule SB	(Form
1a Enter the amount from Schedule SB line 39					11a	
2 Is this a defined contribution plan subject to the minimum fundi					302 of E	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo						
 a If a waiver of the minimum funding standard for a prior year is b granting the waiver. 	being amortized	in this plan year, see instru		and e	enter the Day _	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sched						
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 left of a tive amount)	12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	art VII Plan Terminations and Transfers of Assets						
13a	Has a	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

For	m 5500-SF	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan	nd 4065 of the Employed	e	2012					
	epartment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form is Open to Public					
	enefit Guaranty Corporation	 Complete all entries in acco 	• .	•	D-SF.	Inspection					
Part I	Annual Report Ic										
For calend	ar plan year 2012 or fiscal plan year beginning $11/01/2012$ and ending $10/31/2013$										
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	ver) 🔲 a one-participant plan						
B This ret	urn/report is:	the first return/report [] an amended return/report	the final return/report	-							
-	· [n/report (less than 12 mo									
C Check I	box if filing under:	K Form 5558	automatic extension		DFVC program						
Deut II	Desis Dise lafe	special extension (enter descript									
Part II		nation-enter all requested inforr	nation		1h	Three-digit					
1a Name Quenti		DS PC Profit Sharing	Plan			plan number (PN) 002					
	·	•				Effective date of plan 11/01/1999					
	ponsor's name and addr n M. Murphy, DI	ess; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 13-3132816					
	dfield Road			'	2c	Sponsor's telephone number 914-337-1004					
77 1010	drierd Road				2d	Business code (see instructions)					
Bronxv		NY 10708				621112					
3a Pian a	dministrator's name and	address XSame as Plan Sponsor	Name XSame as Plar	Sponsor Address	3b	Administrator's EIN					
3c Administrator's telephone numbra											
		lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN					
	, Elin, and the plan humb or's name	per from the last return/report.			4c PN ,						
5a Total number of participants at the beginning of the plan year											
b Total	number of participants a	the end of the plan year		·····	5b	.5					
		count balances as of the end of the			5c	5					
	-	luring the plan year invested in elig	-	•		X Yes No					
		ne annual examination and report o See instructions on waiver eligibility				X Yes No					
		er line 6a or line 6b, the plan can									
Caution: A	A penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ise is	established.					
SB or Sche		r penalties set forth in the instructio signed by an enrolled actuary, as v ete.									
SIGN	Milla	and 1	7/20/18	Quentin Murphy	Y						
HERE	Signature of plan ad	ninistrator	Date	Enter name of individ	ual sig	ning as plan administrator					
SIGN Kalta Kakensley 7/20/14 (Duent VI						1. Unoplus					
HERE	Signature of employe		Date			ning as employer or plan sponsor					
Preparer's	name (including firm nai	ne, if applicable) and address; inclu	ide room or suite numbe	r (optional)	Prep	arer's telephone number (optional)					
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the ir	structions for Form 5500-	SF.		Form 5500-SF (2012)					

v. 120126

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Part III Financial Information						·	· · · · ·					
7 Plan Assets and Liabilities						(b) End of Year						
		(a) Beginning of Yea										
a Total plan assetsb Total plan liabilities			0									
C Net plan assets (subtract line 7b from line 7a)		31	9807	0			4114(
8 Income, Expenses, and Transfers for this Plan Year	······································	(a) Amount		1		(b) To						
a Contributions received or receivable from:		(a) Anounc	11.									
(1) Employers	8a(1)	3a(1) 2500										
(2) Participants	8a(2)		0									
(3) Others (including rollovers)			0									
b Other income (loss)	8b		9									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	anders fan Servi I. (1990) ander 19 Den fan Servi I. (1997) ander 19			2398							
d Benefits paid (including direct rollovers and insurance pren to provide benefits)			1063	9								
e Certain deemed and/or corrective distributions (see instruct	tions) 8e			0								
f Administrative service providers (salaries, fees, commissio	ons) 8f			0								
g Other expenses	8g		2	0								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						106					
i Net income (loss) (subtract line 8h from line 8c)	8i			1	133							
j Transfers to (from) the plan (see instructions)	····· 8i			1912. 1 1		n an an Arthur Ang an Arthur						
Part IV Plan Characteristics												
9a If the plan provides pension benefits, enter the applicable 2A 2E 3D	pension feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ions:					
b If the plan provides welfare benefits, enter the applicable w	welfare feature cod	es from the List of Plan Chara	cteristi	c Cod	les in tl	he instructio	ons:					
Part V Compliance Questions				Yes	No	l						
10 During the plan year: a Was there a failure to transmit to the plan any participant			100	100	x		Amount					
29 CFR 2510.3-102? (See instructions and DOL's Volur b Were there any nonexempt transactions with any party-ir	n-interest? (Do not	include transactions reported	10a 10b		x							
on line 10a.)				х			1950					
C Was the plan covered by a fidelity bond?			10c				1930					
d Did the plan have a loss, whether or not reimbursed by the or dishonesty?	•••••••••••••••••••••••••••••••		10d		x							
e Were any fees or commissions paid to any brokers, ager insurance service or other organization that provides son instructions.)	ne or all of the ben	efits under the plan? (See	10e		x							
f Has the plan failed to provide any benefit when due under					x							
			10f									
g Did the plan have any participant loans? (If "Yes," enter a			10g		X							
h If this is an individual account plan, was there a blackout 2520.101-3.)			10h		х							
· · ·	swered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3											
Part VI Pension Funding Compliance												
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)							Yes N					
11a Enter the amount from Schedule SB line 39					11a	<u> </u>						
12 Is this a defined contribution plan subject to the minimum	n funding requirem	ents of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes X N					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12	2e below, as applic	able.)										
a If a waiver of the minimum funding standard for a prior ye granting the waiver.	-	Mor	nth	and e	enter th Day	ne date of th	he letter ruling 4					
If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Fo	rm 5500), and skip to line 13.				7						
					12b							

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С	Enter the amount contributed by the employer to the plan for this plan year	1	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)	1	l2d				
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?		<u> </u>	res X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t 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), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to	•				
1	3c(1) Name of plan(s):	13c	(2) El	N(s)		13c(3)	PN(s)
						· .	
Part	VIII Trust Information (optional)						
14a I	Name of trust	14	lb Ti	rust's Ell	N		