Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-011 1210-008				
	artment of the Treasury rnal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2	013			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form i	s Open to Public			
Pension Be	enefit Guaranty Corporation	ctions to the Form 550	Inspection 00-SF.							
Part I Annual Report Identification Information										
For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014										
A This ret	turn/report is for:	r) a one-participant plan								
B This ret	turn/report is:									
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)				
C Check	box if filing under:	K Form 5558	DFVC program							
special extension (enter description)										
Part II	Basic Plan Inforn	nation—enter all requested information	ation							
1a Name					1b	Three-digit				
QUENTIN M	I. MURPHY, DDS PC PR	OFIT SHARING PLAN				plan number				
					4.0	(PN)	002			
					1c	Effective date or 11/01	•			
	ponsor's name and addre	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identi				
					2c	Sponsor's telep 914-33	hone number			
77 PONDFII BRONXVILL	ELD ROAD LE, NY 10708				2d	Business code (62111	see instructions)			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b					
		lan sponsor has changed since the la per from the last return/report.	ast return/report med ic	or this plan, enter the	4D	4b EIN				
a Spons	sor's name				4c	C PN				
5a Total	number of participants at	the beginning of the plan year			5a	a 5				
b Total	number of participants at	the end of the plan year			5b	<u>)</u>				
		count balances as of the end of the p			5c					
-		luring the plan year invested in eligibl					X Yes No			
	•	ne annual examination and report of a	•	,						
		See instructions on waiver eligibility a					X Yes No			
-		er line 6a or line 6b, the plan cann					1			
C If the	plan is a defined benefit p	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .		Yes No	Not determined			
Caution: A	A penalty for the late or	incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	se 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	Filed with authorized/va	lid electronic signature.	07/14/2015	QUENTIN MURPHY						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator						
SIGN	· · ·					- •				
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial eir	ning as employo	r or plan sponsor			
Preparer's		ne, if applicable) and address; include			_	al signing as employer or plan sponsor Preparer's telephone number (optional)				
							· · · /			

Plan Assets and Liabilities		(a) Beginning of Yea	ar	1	(b) End of Year				
a Total plan assets		41140			420988				
b Total plan liabilities	7b		0						
c Net plan assets (subtract line 7b from line 7a)	7c	41140	411400			420988			
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:	0-(4)	5000							
(1) Employers	8a(1)		_						
(2) Participants	8a(2)	0							
(3) Others (including rollovers) b Other income (loss)		17430							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		11400			22430				
d Benefits paid (including direct rollovers and insurance premiums	00				22430				
to provide benefits)	8d	1284	12842						
e Certain deemed and/or corrective distributions (see instructions)	8e		0						
f Administrative service providers (salaries, fees, commissions)	. 8f		0						
g Other expenses			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)							12842		
Net income (loss) (subtract line 8h from line 8c)					9588				
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	·· 8j								
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions									
0 During the plan year:				Yes	No		A		
a 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)							Amount		
			10a		X		Amount		
	luciary Correct st? (Do not inc	tion Program)	10a 10b		-		Amount		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest	luciary Correct st? (Do not inc	tion Program) lude transactions reported		X	X		Amount 190		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). 	luciary Correct st? (Do not inc s fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b		X				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all other and the provides some or all other an	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c		X X				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of 	s fidelity bond, ther persons b l of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		X X X				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan 	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	s fidelity bond, ther persons b l of the benefit an? (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See .) ons and 29 CFR	10b 10c 10d 10e		x x x x x x				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a participant loans? (If "Yes," enter amount a participant loans? 	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an? as of year end c (See instructi the required no	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		X X X X X X X X				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the planet of the plan have any participant loans? (If "Yes," enter amount a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an? as of year end c (See instructi the required no	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		X X X X X X X X				
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an? as of year end c (See instruction the required no 01-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form			
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an? as of year end Y (See instruction the required no 01-3 ments? (If "Year	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form	190		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a instructions.) If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	luciary Correct st? (Do not inc s fidelity bond, ther persons b l of the benefit an? as of year end c (See instruction the required no 01-3 ments? (If "Yes from Schedule	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	190		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an? as of year end ' (See instructi the required no 01-3 ments? (If "Yes from Schedule g requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	190		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a instructions.) If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Yart VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	luciary Correct st? (Do not inc s fidelity bond, ther persons b I of the benefit an? as of year end the required no 01-3 ments? (If "Yes from Schedule g requirements v, as applicabl ing amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Iule SE	B (Form B (Form ERISA?	190		

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 c of the PBGC?	ontrol		Yes X No					
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): 13	8 c(2) EIN	l(s)	13c(3) PN(s)					
Part	VIII Trust Information (optional)		1						
14a	lame of trust	14b Trust's EIN							

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For	m 5500-SF	Short Form Annual Re	yee	OMB Ncs. 1210-011 1210-008							
	rlment of the Treasury nat Revenue Service	This form is required to be filed u	e	2013							
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	3(a) of	of This Form is Open to Pub Inspection							
Pension Be	eneli: Guaranty Corporation	0-SF.		·							
Part Annual Report Identification Information											
For calend	ar plan year 2013 or fisc	al plan year beginning 11/	01/2013	and ending		10/31/201	1				
_	r r			an (not mulliemployer)		a one-partici	pant plan				
B This rel	urn/report is:		ie final retum/report short plan year returr	n/report (less than 12 m	onths)						
C Charles	box if filing under.	, í	DFVC program								
	Doxin ming tabler. P	L									
special extension (enter description)											
Part II		nation—enter all requested informati	חס	·····	16	Three-digit	_				
1a Name Quenti	ofplan n M. Murphy, DI	DS PC Profit Sharing Pla	an		1	plan number (PN) ►	002				
					1c	Effective date of					
		-			<u> </u>	1/01/1999					
	ponsor's name and adda n M. Murphy, DI	ess; include room or suite number (em) OS	bloyer, if for a single-	employer plan)		Employer Identi (EIN) 13-313	fication Number 2816				
77 Pone	dfield Road					2c Sponsor's telephone number 914-337-1004					
11 1011	difficial Modul						(see instructions)				
Bronxv:	ille	NY 10708			621112						
		address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	3b Administrator's EIN						
					3C /	3C Administrator's telephone number					
4 If the r	ame and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN					
name,	EIN, and the plan numb	er from the last return/report.									
a Sponse	, , , , , , , , , , , , , , , , , , , ,				4c	PN					
5a Total r	number of participants at	the beginning of the plan year			<u>5a</u>		5				
b Total number of participants at the end of the plan year							5_				
C Number of participants with account balances as of the end of the plan year (defined banefit plans do not complete this item)						c 5					
d-		l	. .	X Yes No							
		uring the plan year invested in eligible annual examination and report of an									
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	f conditions.)				🕱 Yes 🗌 No				
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instea <mark>d use</mark>	Form	5500.					
C. If the p	an is a defined benefit p	blan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes 🛛 No 📋	Not determined				
A		incomplete filing of this return/repoi	twill be accored	unioce reasonable cau		etablicbod					
		r penalties set forth in the instructions,					able a Schedule				
SB or Sche	attes of perjury and other	signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and to	the best of my	knowledge and				
	rue, correct, and comple										
	Treett	Steleatin		Quentin Murphy	/						
SIGN HERE	1 2.000000	Contract	2. 7/1/10				minintra to r				
	-Signature of plan adm	dministrator Date 7/1/19 Enter name e				f individual signing as plan administrator					
	Auto	(ulany									
HERE	Signature of employe	m/plan sponsor /	Date // 1/15	Enter name of individ							
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Ргера	irer's telephone	number (optional)				
1											
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see the Instru	ctions for Form 5500-	SF			Form 5500-SF (2013)				

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Pa	t III Financial Information			-					
7	7 Plan Assets and Liabilities (a) Beg				(b) End of Year				
a	Total plan assets	7a	41	11400				4	20988
b	Total plan liabäities	7b		(0				
С	C Net plan assets (subtract line 7b from line 7a)			L140	0			4	20988
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			e	(b) Tot	al	
а	Contributions received or receivable from:	8a(1)	•	500	0				
	(1) Employers(2) Participants	8a(2)		(0				
.		8a(3)		(0		·		
 b	(3) Others (including rollovers) Other income (loss)	8b		L743(0		<u></u>		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<u> </u>		22430
	Benefits paid (including direct rollovers and insurance premiums				_				
	to provide benefits)	8d		1284					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g		(0		·		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	·			••••			12842
	Net income (loss) (subtract line 8h from line 8c)	8i			-				9588
j	Transfers to (from) the plan (see instructions)	8j						<u> </u>	
Par									
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $3D$	feature coo	des from the List of Plan Chara	ecterist	ic Co	des in	the instructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristic	: Cod	es in t	he instruction	s:	
						·			
Pari					Yes	No		nount	
	 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 						^	Hodin	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х			
c	Was the plan covered by a fidelity bond?			10c	х]	1	90000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x			
e	Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an Insurance carrier,		ĺ				
	insurance service, or other organization that provides some or all instructions.)	of the bene	ents under the plan? (See	10e		х			
f						X			
<u>.</u>				10f 10g			<u> </u>		
9 h				log					
	2520.101-3.)			10h		X			
l	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								
Part		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
11									
112	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see Instructions, and enter the date of the letter is granting the waiver.						ietter rul ear	ing	
lf	If you 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			