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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pens	ion Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	00-SF.		•
Part	I Annual Report	Identification Information				
For ca	lendar plan year 2015 or fi	scal plan year beginning 01/01/2	015 and ending 12	2/31/2015		
A Thi	is return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-	
B This	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C Ch	eck box if filing under:	Form 5558	automatic extension		DFVC prog	ram
		special extension (enter descr	iption)			
Part	II Basic Plan Info	ermation—enter all requested inf	ormation			
	ame of plan E.D. MARZULLO, DDS, PC	401K PROFIT SHARING PLAN &	TRUST	•	ree-digit In number N)	002
				1c Eff	ective date o	f plan 1/1996
M	ailing address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O		2b Em (EI		fication Number 605051
	D. MARZULLO, DDS, PC	e, country, and ZIP or foreign posta	al code (If foreign, see instructions)	2c Sp		hone number 52-2900
	RANGE AVENUE KEEPSIE, NY 12603			2d Bus	siness code (see instructions)
3a PI	an administrator's name ar	nd address XSame as Plan Spons	or.	3b Adı	ministrator's	EIN
				3c Adı	ministrator's	telephone number
n	ame, EIN, and the plan nu	e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN		
	oonsor's name			4c PN 5a	<u> </u>	3
	·					
				5b		3
			the plan year (defined benefit plans do not	5c		3
d(1)	Total number of active pa	rticipants at the beginning of the pla	an year	5d(1)		3
d(2)	Total number of active pa	rticipants at the end of the plan yea	ar	5d(2)		0
t	han 100% vested	. , ,	plan year with accrued benefits that were less	5e		0
		<u> </u>	/report will be assessed unless reasonable cau			
			tions, I declare that I have examined this return/report swell as the electronic version of this return/report			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/11/2016	BRUCE D. MARZULL	.0
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	res No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		1947					199	94042
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c		1947	660					94042
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) ¹	Γotal	
(1) Employers	8a(1)		39	205					
(2) Participants	8a(2)		23	981					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-13	8671					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	19515
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		3	3133					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3133
i Net income (loss) (subtract line 8h from line 8c)	8i							4	16382
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3B 3D 3H	feature cod	des from the List of Plant	an Cha	racteri	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	se from the List of Plan	n Char	actoriet	ic Coc	los in the	a inetruc	tione:	
If the plant provides welfare benefits, effect the applicable welfare in	cature couc	3 Hom the List of Flat	ii Onait	actorist	.10 000	ics in the	, mondo	uoris.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					200000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under			X				
the plan? (See instructions.)			10e						
f Has the plan failed to provide any benefit when due under the pla			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	· ·	10g		Χ				
h If this is an individual account plan, was there a blackout period?	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i		Χ				
Part VI Pension Funding Compliance			,		<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	es No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Y	es X No

	Form	n 5500-SF 2015 Page 3 - 1					
	(If "Yes,"	complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		r of the minimum funding standard for a prior year is being amortized in this plan year, see ins		enter the Day_			ling
If		he waiver		Бау _		Year	
		minimum required contribution for this plan year		12b			
		mount contributed by the employer to the plan for this plan year		12c			
		he amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		40-1			
		amount)		12d			
		inimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Pla	n Terminations and Transfers of Assets		ı			
13a	Has a reso	olution to terminate the plan been adopted in any plan year?			X Yes	No	
	If "Yes," e	enter the amount of any plan assets that reverted to the employer this year		13a			(
b		he plan assets distributed to participants or beneficiaries, transferred to another plan, or broug GC?				Yes X	No
С		his plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- sets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	13c(1) Nam	ne of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	4 V/III T.	rust Information					
	Name of tru			14h T	rust's EIN	1	
174	Name of the	nor		146	rust s Liiv		
140	Name of t	rustee or custodian		14d	Trustee's	or custodia	an's
					telephone		
Par	rt IX IF	RS Compliance Questions					
15a	Is the plar	n a 401(k) plan?		X Yes		No	
15b		ow does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		X ba	esign- sed safe rbor ethod	ADF	P/ACP
15c	testing me	ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4?		Ye	S	No	
16a	Check the	box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	I IXI	atio rcentage st		erage nefit test
16b		olan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comitth any other plans under the permissive aggregation rules?	•	Ye	S	No	
17a	Has the pl	an been timely amended for all required tax law changes?		X Ye	S	No	N/A
17b		ast plan amendment/restatement for the required tax law changes was adopted 11 / 17 / 20 changes and codes).	15 Enter the ap	plicable	code J	_ (See ins	tructions
170	If the plan advisory le	sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plateter, enter the date of that favorable letter $\underline{03}$ / $\underline{31}$ / $\underline{2014}$ and the letter's serial n	an that is subject umber <u>J59877</u>	t to a fa	vorable IR	S opinion	or
17c	determina			the plar	ı's last fav	orable	
18		n maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) nerican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	1	X No	
19	Were in-se	ervice distributions made during the plan year?		Ye	S	X No	
	If "Yes," e	nter amount		19			
20		ired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what is required under section 401(a)(9)?		Ye	S	No	X N/A

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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**

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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I		Identification Information				
		scal plan year beginning 01/01/201	15	and ending 12/3		
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) mployer information in ac		
		a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	rn/report (less than 12 m	ionths)	
C Check t	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
	Design Infe	special extension (enter descr				
Part II		ormation—enter all requested in	formation		1b Three-digit	
1a Name BRUCE D. M		401K PROFIT SHARING PLAN &	, TRUS T		plan number	002
					1c Effective date 01/01/1996	e of plan
Mailing	g address (include roor	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Ide (EIN) 01-0605	
-	town, state or province MARZULLO, DDS, PC	ce, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)	2c Sponsor's tel (84	lephone number 5) 452-2900
43 LAGRAN	IGE AVENUE				2d Business cod 621210	de (see instructions)
POUGHKEE	EPSIE. NY 12603					
3a Plan ac	dministrator's name ar	nd address X Same as Plan Spons	sor.		3b Administrator	's EIN
					2 - Administrator	1 to the second part of the seco
					3C Administrator	r's telephone number
A If the n	and and/or FIN of the	a also appear has changed since	the last return/report filed f	for this plan enter the	4b EIN	
		e plan sponsor has changed since mber from the last return/report.	the last return/report med to	or this plan, enter the	4b EIN	
a Sponso					4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	3
	•	at the end of the plan year			5b	3
C Number	er of participants with a	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	3
•	•	rticipants at the beginning of the plant			5d(1)	3
	-	articipants at the end of the plan year	-		5d(2)	0
e Numb	per of participants that	terminated employment during the	e plan year with accrued ber	enefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is established.	" the Cabadula
SB or Sche	alties of perjury and othe edule MB completed ar true, correct, and comp	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	as well as the electronic ver	rsion of this return/report	t, and to the best of	my knowledge and
SIGN	Jane O.V	M shall	2/11/16	BRUCE D. MARZULLO	.0	
HERE	Signature of plan a	administrator	Date	Enter name of individu	Jual signing as plan a	administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individu	lual signing as emplo	oyer or plan sponsor
Preparer's r		name, if applicable) and address (in			Preparer's telephor	

	Form 5500-SF 2015		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	account	ant (IC	(PA)			X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in					_		No [Not determined
Par	t III Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning					(b) End	
	Total plan assets	. 7a		19476		_			1994042
	Total plan liabilities	7b		19476	0	_			0 1994042
	Net plan assets (subtract line 7b from line 7a)	. 7c	(-) A			+		//-> 7	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt		+		(b) T	otal
	(1) Employers	. 8a(1)		3920)5	_			
	(2) Participants	8a(2)		239		_			
	(3) Others (including rollovers)	8a(3)			0	+			
	Other income (loss)	8b		-1367	71	-		_	10515
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+			49515
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		313	33				
g	Other expenses	. 8g			0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3133
	Net income (loss) (subtract line 8h from line 8c)	8i							46382
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j			0				
Par									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3B 3D 3H	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instruc	ctions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acterist	ic Cod	les in th	ne instruct	ions:
Part	V Compliance Questions								
10	During the plan year:	_			Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest			10b		Х			
	reported on line 10a.)			10b	Х				200000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			×			
	by fraud or dishonesty?			10d				 -	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the place (See instructions)	ne or all of	the benefits under	10e		×			
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		х			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			
<u> </u>	If this is an individual account plan, was there a blackout period?	(See instru	ictions and 29 CFR			x			
i	2520.101-3.)	he required	notice or one of the	10h 10i				_	
j	Did the plan trust incur unrelated business taxable income?			10j		Х		_	
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
_11a	Enter the unpaid minimum required contribution for all years from								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	e or se	ction (302 of E	RISA?	Yes X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Month Day 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 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)	e letter ruling /ear
granting the waiver	_
b Enter the minimum required contribution for this plan year	
C Enter the amount contributed by the employer to the plan for this plan year	
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	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	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?	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	0
of the FBGC?	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.)	
13c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information	
14a Name of trust 14b Trust's EIN	
14c Name of trustee or custodian 14d Trustee's o telephone n	
Part IX IRS Compliance Questions	
15a Is the plan a 401(k) plan?	No
Design-	No ADP/ACP test
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))? Ratio	ADP/ACP test
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average benefit test
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average benefit test No No No No No No See instruction
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average benefit test No No No No No No See instruction
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average benefit test No No No No See instruction
Design-based safe harbor method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted 11/17/2015 Enter the applicable code J for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS advisory letter, enter the date of that favorable letter 03/31/2014 and the letter's serial number J598777a 18 In the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter.	ADP/ACP test No Average benefit test No No No No See instruction
Design-based safe harbor method (k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average benefit test No No No No No No See instruction or rable
Design-based safe harbor method (k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ADP/ACP test No Average benefit test No No No No No No No No No N