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).

1210-0089

OMB Nos. 1210-0110

2012

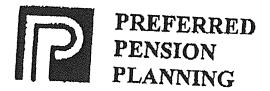
This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
	turn/report is for:	X a single-employer plan	=	plan (not multiemployer)	er) a one-participant plan				
B This ret	turn/report is:	the first return/report	the final return/repor						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name	of plan	·			1b	Three-digit			
CURTIS K. (GOSS, D.D.S., P.C. PF	ROFIT SHARING PLAN				plan number	000		
					4.	(PN) •	002		
					1C	Effective date o	•		
2a Plan a	nancar's name and ad	drago: includo room or quito numbo	or (ampleyor if for a single	o amployer plan)	2h				
	GOSS DDS, PC	dress; include room or suite number	er (employer, ii ior a singi	e-employer plan)	20	2b Employer Identification Numb (EIN) 13-3084344			
					20	Sponsor's telephone number			
905 ANNAD	ALE ROAD				20	718-350			
STATEN ISL	AND, NY 10312				2d	Business code ((see instructions)		
						10			
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's			
URTIS K. GO	OSS DDS, PC	905 ANNA	DALE ROAD			13-3084344			
		STATEN IS	SLAND, NY 10312		3c	Administrator's 1	telephone number		
						7 10-330)-3200		
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan enter the	4h	FINI			
		mber from the last return/report.	no last retain, report mod	ior and plan, order are	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participants	at the beginning of the plan year			5a	a			
b Total i	number of participants	at the end of the plan year			5b	2			
C Numb	er of participants with	account balances as of the end of t	he plan year (defined ber	nefit plans do not					
compl	lete this item)				5c		6		
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ctions.)			X Yes No		
		the annual examination and repor					V voo □ No		
		? (See instructions on waiver eligible					X Yes No		
		ther line 6a or line 6b, the plan c							
		or incomplete filing of this return					abla a Cabadula		
		her penalties set forth in the instructed actuary, a							
belief, it is	true, correct, and comp	olete.		•	,	í	o o		
	Filed with authorized/	valid electronic signature	10/08/2013	CHEDYL CHEC					
SIGN Filed with authorized/valid electronic signature. 10/08/2013 SHERYL GUSS HERE									
IILIKE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor		
Preparer's	name (including firm n	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)		

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Dor	4 III Financial Information		<u> </u>						
<u> </u>	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor		
		7-	(a) Beginning of Yea		(b) End of Yea				
	Total plan assets	7a 7b	160076	0	-		1860238 0		
		76 7c	160076						
	Net plan assets (subtract line 7b from line 7a)	76		03	-		1860238		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)	6359	3					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	19904	12					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					262635		
d	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	316	0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3160		
i	Net income (loss) (subtract line 8h from line 8c)	8i					259475		
j	Transfers to (from) the plan (see instructions)	8i		0					
Par	t IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	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		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?				Χ				
				10c			135000		
d	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan					X			
	<u> </u>			10f					
g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g 10h		X			
	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					^			
Dont	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form									
5500) and line 11a below) Yes No									
	Enter the amount from Schedule SB line 39					11a	<u> </u>		
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						1. (1. 1		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and 6	enter th Day	ne date of the letter ruling Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				ı	401:	Τ		
<u>b</u>	Enter the minimum required contribution for this plan year					12b			

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	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?		Yes 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 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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	



Curtis K. Goss, DDS, P.C. 905 Annadale Road Staten Island, NY 10312

RE: Curtis K. Goss, DDS. P.C. Profit Sharing Plan

Form 5500 E-filing Authorization

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Preferred Pension Planning Corporation (PPPC) to electronically file the plan sponsor's Form 5500-5F annually, but only upon PPPC's receipt of a copy of the manually signed page two of Form 5500-5F.

The sponsor has been notified that the image of the plan administrator's/ plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The plan sponsor and Trustee understand and agree that the complete electronically filed Form 5500-SF will have Sheryl Guss indicated as Plan Administrator. This listing is solely for purposes of filing the Form 5500-SF. The plan sponsor and Trustee agree that Sheryl Guss is not the Plan Administrator, that Preferred Pension Planning Corporation and its employees are not fiduciaries of the plan, and they are not responsible for any penalties, fines, charges, corrections, or other charges or actions that may be required or imposed upon the plan or its representatives.

The employer may revoke or change this authorization for future plan years at any time by notification in writing to PPPC.

Teurs

001 0

Date

From: Preferred Pension Planning Corporati / (908) 575-7575 To: 17189486582

Form 5500-SF	Short Form Annual I	Return/Report of	Small Employ	788	OMB Nos. 1210-0110 1210-089			
Opportment of the Treasury			2012					
Internal Revenue Service Department of Labor Employee Benefits Security Administration	This form is required to be fit Retirement income Security Act of the Intern	(a) of This Form	is Open to Public					
Pension Sensit Guaranty Corporation	> Complete all entries in acco				apout.			
Part Annual Report Id	entification information	*		12/31/201	2			
For calendar plan year 2012 or fisca	al plan year beginning 0	1/01/2012	and anding	☐ a one-partic	, , , , , , , , , , , , , , , , , , , ,			
A This return/report is for:	a single-employer plan	a multiple-employer pla	n (not muttemployer)	[] & Oue-balle	part is power.			
B This return/report is:	the first return/report	the final raturryreport		notha)				
	an amended return/report	a short plan year return	report (ress man is inc	DFVC progr	ക്ന			
C Check box if filing under:	X Form 5558	automatic extension		(i) 44				
	special extension (enter descrip	COLUMN TO THE RESERVE						
, , , , , , , , , , , , , , , , , , , 	nation—enter all requested infon	mallon		1b Three-digit				
12 Name of plan CURTIS K. GOSS, D.D.S	a. p.c. PROFIT SHARI	NG PLAN		plan number	002			
CONTTO E. GODD! DID!	,,,			(PN) > 1C Effective date	of plan			
				07/11/198	1			
2a Plan sponsor's name and addr	near inchide man or tille mimber	(employer, if for a single-s	mployer plan)	2b Employer Iden	Iffication Number			
CURTIS K. GOSS DDS, I	SC 100606 tootti ot drive tiotting.	(Altibialari ii iai a a a a		(EIN) 13-30				
No. 100 100 100 100 107 77				2c Sponsors tele				
905 ANNADALE ROAD			İ	718-356-3280 2d Business code (see instructions)				
	NY 10312		,	621210				
STATEN ISLAND 3a Plan administrator's name and	***	Name Same as Plan	Sponsor Address	3b Administrators				
CURTIS K. GOSS DDS.		D		3c Administrator's telephone number				
CORITS R. GOOD SEE!	. •			718-356-3280				
905 ANNADALE ROAD								
STATEN ISLAND	NY 10312	and the	this since anias tha	4b EIN				
name, EIN, and the plan numi	pian sponsor has changed since th ber from the lest return/report.	e last return/report tied to	: (1iià bient enen nie	4c PN				
a Sponsor's name 5a Total number of participants a	t the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		58	6			
h Total number of participants &	it the end of the plan year			5b	6			
a some of anticipants with at	require malances as of the end of th	e plan year (defined bene	fit plans do not	5c	6			
complete this Hem)	**************************************	*************************			X Yes No			
6a Were all of the plan's assets	during the plan year invested in oils	jble essels? (See instruct	ons.)					
	the annual examination and report (See instructions on waiver eligibili				⊠ Yes ∐ No			
te wassessed Hhink be mit	har ilna ka ar ilna 6h. the cish ce	nhot use poim bove-or	BUC Uthat III brass dar					
Gaution: A penalty for the late of	r incomplete filing of this return/	report will be assessed t	Inters responsors car	nod Including if 600	icabia, a Schedule			
Caution: A penalty for the late of Under penalties of parjury and othe SB or Schedule MB completed and bellef, it is true, correct, and completed	er penantes set forth in the instruct I signed by an enrolled actuary, se	ons, I declare that I have a well as the electronic vers	stammed this return/report	t, and to the best of n	ny knowledge and			
Personal Property		10/8/13	CURTIS K. GOS	S, D.D.S.				
SIGN CENTERS	<u> </u>		Enter name of individ		oministrator			
HERE Signature of plan ad	minietrator	Date /	CURTIS K. GOS					
SIGN CLATON	\$ 40 m	<u> </u>	Enter name of Individ		ver or plan sponsor			
HERE Signature of employer/plan aponsor Date Enter hame of include Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Preparer's telephor	ne number (optional)			
Lebated, a value (incinding into the	ille, ir applicatia, and address, se							
				14.38.25.25				
		landard for Earn COAS	SC.		Form 5508-8F (2012)			
For Paperwork Reduction Act Notice	and OMS Control Numbers, see the	Haifucuons for Form abou-	φ		v. 120126			

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End		(b) End of Year		
a Total plan assets	Fotal plan assets			3		1860238		
b Total plan liabilities	7b			0		0		
C Net plan assets (subtract line 7b from line 7a)	7c	16	0076	3		1860238		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:			6359	, ,				
(1) Employers	8a(1)			0				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)	1	9904	4.2				
b Other income (loss)		J.	J J U 4	- 2		262635		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1988		202033		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	0			
e Certain deemed and/or corrective distributions (see instructions)	8e		22.0	٥				
f Administrative service providers (salaries, fees, commissions)	8f		316	Special Control				
g Other expenses	8g		Madaga.	0		21.00		
h Total expenses (add lines 8d, 8e, 8f, and 8g)				i in		3160		
i Net income (loss) (subtract line 8h from line 8c)			h Pilita	500	75 18 AS AND	259475		
j Transfers to (from) the plan (see instructions)	·· 8j			0				
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions								
10 During the plan year:				Yes	No	Amount		
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice)	utions within	n the time period described in	10a		Х			
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not i	include transactions reported	10b		Х			
C Was the plan covered by a fidelity bond?			10c	х		135000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		Х			
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g		X			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	I notice or one of the	10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "\	Yes," see instructions and com	plete	Sched	ule SE	G (Form Yes No		
11a Enter the amount from Schedule SB line 39								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortize	ed in this plan year, see instruc	tions, th	and e	nter th Day	ne date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	m 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year				<u> L</u>	12b			

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	Enter the amount contributed by the employer to the plant	an for this plan year	1	12c		
d	Subtract the amount in line 12c from the amount in line negative amount)	e 12b. Enter the result (enter a minus sign to the left o		12d		
e	Will the minimum funding amount reported on line 12d				Yes	No N/A
Part	P. 248 Christoph					
13a	Has a resolution to terminate the plan been adopted in any	y plan year?			res X No	
	If "Yes," enter the amount of any plan assets that rever			13a		
b	Were all the plan assets distributed to participants or be of the PBGC?	eneficiaries, transferred to another plan, or brought u	nder the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc		e plan(s) t	0		
	3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
					rust's EIN	