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

2013

This Form is Open to Public Inspection

. 0.10.011	zenem Guaranty Gerperaten	 Complete all entries in ac 	cordance with the instruction	ctions to the Form 55	00-SF.		
Part I	Annual Report	Identification Information					
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01	/2013	and ending	12/31/	2013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	pant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 r	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
	-	special extension (enter desc	ription)			_	
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name					1b	Three-digit	
	•	. DEFINED BENEFIT PLAN				plan number	
						(PN) •	001
					1c	Effective date o	•
20.01			/ 1 '66 ' 1		-	01/01	
	sponsor's name and ad I. RESNICK, DDS., PC	Idress; include room or suite numb	er (employer, if for a single-	-employer plan)	26	Employer Identi (EIN) 11-34	fication Number 57786
145 FAST	116TH STREET				2c	Sponsor's telep	
	K, NY 10029				2d	Business code ((see instructions)
3a Plan	administrator's name ar	nd address XSame as Plan Spons	sor Name Same as Plar	n Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
1 If the	nama and/ar FINI of the	valen energer has abanged since	the last return/report filed for	arthia plan antartha	416	FINI	
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b	EIN	
nam		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the		EIN PN	
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Voa	r		
	Total plan assets	7a	(a) beginning of Tea				(b) Ella (3619		
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	95432					1153	3619		
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T		-		
	Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	19929	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						199	9295		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i						19	9295		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10	•			1	Yes	No		A		—	
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO		Amou	Int		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)			10b		X					
				10c		Χ					
d				100						_	
	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										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem							×,	Voo	— П	No
44-	5500) and line 11a below)							^	Yes	Щ	No 0
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>		.,		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-4: - ··			a dete C	1 - 11			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day		ne lette Year _	er ruli	ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		I				
b	Enter the minimum required contribution for this plan year					12b					

Page	3	- [1
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С	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	Part VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🔲 Y	'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 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):	3c(2) El	N(s)	13c(3) PN(s)						
Part	VIII Trust Information (optional)									
14a	Name of trust	14b Tr	ust's EIN							

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

						File a	is an attac	hme	nt to Form	5500 or	5500·	-SF.						
F	or calendar	plan	year 2013	or fi	scal plan ye	ear beginning	01/01/201	13				and end	ding	12/31/2	2013	3		
)	Round of	ff amo	ounts to r	neare	est dollar.													
)	Caution:	A per	nalty of \$1	,000	will be asso	essed for late filing	g of this rep	port u	ınless reas	onable ca	ause i	s establish	hed.					
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CI	HARLES I.	RESI	NICK, DDS	S., P(C. DEFINEI	D BENEFIT PLAN						plan nur	mbe	er (PN)		<u> </u>	00	1
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_	Type of pla			ш_	Multiple-A	Multiple-B		ГР	Prior year pla	an size:	X 100	or tewer		101-500		iviore 1	than 500	
F	Part I	Basi	c Inforn	nati	on													
1	Enter th	e valu	uation date	e:	N	/lonth	Day		Year _		_							
2	Assets:												_					
	a Marke	et valu	ıe											2a				954324
	b Actua	rial va	alue											2b				954324
3	Funding	targe	et/participa	ant co	ount breakc	down:				(1)	Numbe	er of partic	cipai	nts		(2)	Funding T	arget
	a For re	etired	participan	ts an	d beneficia	ries receiving pay	ment		3a					0				C
	b For te	ermina	ated veste	d pai	rticipants				3b					0				C
	C For a	ctive p	oarticipant	ts:				-										
	(1)	No	n-vested b	penef	fits				3c(1)									C
	(2)	Ves	sted bene	fits					3c(2)									863475
	(3)	Tot	al active						3c(3)					5				863475
	d Total								3d					5				863475
4	If the pla	an is i	n at-risk s	tatus	, check the	box and complete	e lines (a) a	and (b	0)		.П							
						ed at-risk assumpt	` '	•	•		ш			4a				
		_	-			mptions, but disre							-	415				
						onsecutive years a								4b				
5	Effective	e inte	rest rate											5				6.29 %
6	Target r	norma	l cost											6				0
Sta	atement by	/ Enr	olled Actu	uary														
						in this schedule and accopinion, each other ass												
						erience under the plan.			- (J							,		
	SIGN																	
ı	HERE														(09/11/2	2014	
					Signat	ture of actuary										Date		
AR	THUR E.T	EILEF	R, ASA, M	AAA												14-01	157	
					Type or pri	nt name of actuary	у							Most rece	ent e	enrollm	ent numb	er
EL	IM GROUF)														718-88	88-1988	
					Fi	irm name					_	Т	Γele	phone nur				code)
	-50 WHITE			ESS		- -								,		,	J = 30	/
FL	.USHING, 1	NY 11	3 34															
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					Addr	ess of the firm												
	•	nas no	ot fully refl	ected	d any regula	ation or ruling pror	nulgated u	nder	the statute	in compl	eting	this sched	lule,	, check the	e bo	x and	see	
nst	ructions																	

Schedule SB (Form 5500) 2013

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances							
							(a) (Carryover balance		(b) F	Prefund	ng balance	
7		•	. ,		cable adjustments (line 13 f	•						270342	
8				-	funding requirement (line 35							76572	
9												193770	
10	Interes	t on line 9	using prior year's	actual ref	turn of <u>4.60</u> %				0			8913	
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)								
b Interest on (a) using prior year's effective interest rate of											0		
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce						0	
	d Porti	on of (c)	to be added to pre	funding ba	alance								
12	Other r	eductions	s in balances due	to election	s or deemed elections								
13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			0			202683	
Pa	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	ttainment percent	age							14	87.04 %	
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	110.52 %	
16					of determining whether car						16	82.20 %	
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	et, enter s	such percentage			17	%	
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions m	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer(-	(0	(c) Amount paid by employees		
							1				ı		
						Totals ►	18(b)			18(c)			
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ate after th	ne beginning of the	e year:				
	a Cont	ributions	allocated toward u	unpaid mir	imum required contributions	from prior ye	ears		19a				
	b Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b				
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuatior	n date	19c				
20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
	a Did t	he plan h	nave a "funding sh	ortfall" for	the prior year?							Yes X No	
	b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the current	year made ir	n a timely	manner?			<u> </u>	Yes No	
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a								
		(1) 19	2†		Liquidity shortfall as of e (2) 2nd	nd of quarter	of this pla (3)	n year 3rd			(4) 4t	<u> </u>	
		(1) 18	ot .		(Z) ZIIU		(3)	Jiu			(+) 41	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment 7.16 %		N/A, fu	II yield	curve	used
	b Appl	icable month (enter code)			21b				3
22	Weight	ed average ret	irement age			22				62
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items	_		_				
24				tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired		
		_							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
	attachr	nent	-			. 21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	minimum requ	uired contributions for all prior	years		. 28				
29				d unpaid minimum required contrib		29				
30	Remaii	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31		1	nd excess assets (see instruct							
			*	,		. 31a				0
			·	line 31a		. 31b				
32		zation installme	<u> </u>		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			111834				26293
	b Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter gra , and the waived amount		33				
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				26293
				Carryover balance	Prefunding bala	ince	То	tal bala	ance	
35	Balanc	es elected for	use to offset funding	·						
		_				26293				26293
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		1				
						38a				0
				prefunding and funding standard o		38b				
39				ear (excess, if any, of line 36 over		39				0
40				S		40				0
	rt IX			Pension Relief Act of 2010						
			de to use PRA 2010 funding re			,				
						П	2 plus 7 yea	rs	15 v	years
				41a was made				2010		2011
42			•			42			<u> </u>	
				d over to future plan years		1				
		motaminon ao	ociciation amount to be ounte	a over to ratare plan years						

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

Internal Revenue Code (the Code).

	T GILDIOIT DO	on our any our	DI D	File as	an attach	ment to Form	5500 or 55	500-SF.				
Fo	r calendar	olan year 2013	or fiscal plan y	ear beginning	01/01/2013	3		and en	ding 12/	31/2013		
•	Round of	amounts to r	nearest dollar.									
•	Caution:	A penalty of \$1	,000 will be ass	sessed for late filing	of this repo	ort unless reas	onable caus	se is establis	hed.			
	Name of pl arles I. Re		C. Defined Ben	efit Plan			E	3 Three-o	ligit mber (PN)	•	001	
	•			a of Form 5500 or 5	500-SF		1	D Employe	r Identifica	tion Numbe	er (EIN)	
Ch	arles I. Res	snick, DDS., PO	D. 	_				11-3457786) 			
E -	Type of plan	: X Single	Multiple-A	Multiple-B		F Prior year pla	ın size: 🗶	100 or fewer	101-5	00 Mor	e than 500	
Pa	art I E	asic Inform	nation									
1	Enter the	valuation date	e: [Month	Day	/ Year_	2013	_	_			
2	Assets:											
	a Marke	value			************	• • • • • • • • • • • • • • • • • • • •		,	2a		9543	24
	b Actuar	ial value					************		2b		9543	24
3	Funding	target/participa	int count break	down:			(1) Nur	nber of partic	cipants	(2	2) Funding Target	
	a For rel	ired participant	ts and beneficia	aries receiving paym	nent	3a			0			0
	b For ter	minated veste	d participants	***************************************		3b			0		·	0
	C For ac	tive participant	s:			-11						
	(1)	Non-vested b	enefits			3c(1)						0
	(2)	Vested benef	īts			3c(2)					8634	75
	(3)	Total active				3c(3)			5		8634	75
	d Total		,			3d			5		8634	75
4	If the pla	n is in at-risk sl	tatus, check the	e box and complete	lines (a) an	nd (b)]				Ī
	a Fundir	g target disreg	arding prescrib	ed at-risk assumptio	ons			- 	4a			_
				umptions, but disrega onsecutive years an					4b			
5									5		6.29 %	— 6
6	Target n	ormal cost	************						6			0
Stat	tement by	Enrolled Actu	ary									_
	eccordance w	th applicable law an	nd regulations. In my								cribed assumption was applied ins) and such other assumptions,	
	IGN ERE		an	them &	Teil	ler				09/11	<i>/</i> 2014	
	,		Signa	ture of actuary				·		Date		_
			Arthur E.	Teiler, ASA, MAAA						14-0	1157	
			Type or pri	int name of actuary					Most re	cent enroll	ment number	_
			E	Elim Group						(718)	888-1988	
				irm name itestone Expressway	,		_	Т	elephone r	number (inc	cluding area code)	_
				ning, NY 11354								
												_
nstr	ictions			ation or ruling promu		_	·		-		d see	12

Page 2	-	ľ
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Schedule SB (Form 5500) 2013

1 12	art II	Beginning of Year	Carryover and Prefun	ding Balances		-					
					(a) C	arryover balance	(b)	Prefund	ing balance		
7			after applicable adjustments						270342		
8			ior year's funding requiremer						76572		
9	Amount	remaining (line 7 minus li	ne 8)			-			193770		
10	Interest	on line 9 using prior year'	s actual return of 4.60 9	%			0		8913		
11	Prior yea	ar's excess contributions	o be added to prefunding bal	ance:							
	a Preser	nt value of excess contrib	utlons (line 38a from prior yea	ar)							
		st on (a) using prior year' herwise provided (see in:				0					
	C Total a	vailable at beginning of cu	rent plan year to add to prefun	ding balance					0		
	d Portio	n of (c) to be added to pro	efunding balance								
12	Other re	ductions in balances due	to elections or deemed electi	ons					<u></u>		
13	Balance	at beginning of current ye	ear (line 9 + llne 10 + line 11d	- line 12)		_	0		202683		
P	art III	Funding Percent	ages	,							
14			ag e				2110	. 14	87.04 %		
		funding target attainmen						15	110.52 %		
16	Prior yea	r's funding percentage fo	r purposes of determining wh					16	82.20 %		
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										
P	art IV	Contributions an	d Liquidity Shortfalls								
		-	the plan year by employer(s)	and employees:							
	(a) Date				Date	(b) Amount pak	l by	(c) Amou	nt paid by		
(N	/M-DD-YY	YY) employer	(s) employees	s (MM-DE)-YYYY)	employer(s)					
				T T	î	0111p10y01(0)		empl	oyees		
									oyees		
						omployor(o)			oyees		
						employer(c)			oyees		
						employer(o)			oyees		
									oyees		
						employer(c)		empl	oyees		
				Totals ▶	18(b)		18(c)	empl	oyees		
19			s – see instructions for small p	olan with a valuation	date after the	e beginning of the y	18(c)	empl	oyees		
19	a Contrib	outions allocated toward	unpaid minimum required con	plan with a valuation	date after the	e beginning of the y	18(c)	empl	oyees		
19	a Contrib	outions allocated toward outions made to avoid res	npaid minlmum required con trictions adjusted to valuation	plan with a valuation tributions from prior date	date after the	e beginning of the y	18(c) rear. 19a	empl	oyees		
	a Contrib b Contrib c Contrib	outions allocated toward outions made to avoid resoutions allocated toward mi	unpaid minimum required con trictions adjusted to valuation nimum required contribution for	plan with a valuation tributions from prior date	date after the	e beginning of the y	18(c)	empl	oyees		
19	a Contrib b Contrib c Contrib Quarterly	putions allocated toward outions made to avoid resoutions allocated toward mit contributions and liquidit	unpaid minimum required con trictions adjusted to valuation nimum required contribution for y shortfalls:	olan with a valuation tributions from prior date r current year adjusted	date after the years	e beginning of the y	18(c) rear: 19a 19b	empl			
	a Contrib b Contrib c Contrib Quarterly a Did the	putions allocated toward options made to avoid resolutions allocated toward mit contributions and liquidit a plan have a "funding sh	unpaid minimum required con trictions adjusted to valuation nimum required contribution for y shortfalls: ortfall* for the prior year?	plan with a valuation tributions from prior date r current year adjusted	date after the	e beginning of the y	18(c) rear: 19a 19b	empl	Yes No		
	a Contrib b Contrib c Contrib Quarterly a Did the	putions allocated toward oputions made to avoid resolutions allocated toward mit contributions and liquidite plan have a "funding shangs is "Yes," were require	unpaid minimum required con trictions adjusted to valuation nimum required contribution for y shortfalls: ortfall* for the prior year? d quarterly installments for th	plan with a valuation tributions from prior date	date after the years	e beginning of the y	18(c) rear: 19a 19b	empl			
	a Contrib b Contrib c Contrib Quarterly a Did the	putions allocated toward oputions made to avoid resolutions allocated toward mit contributions and liquidite plan have a "funding shangs is "Yes," were require	unpaid minimum required con trictions adjusted to valuation nimum required contribution for y shortfalls: ortfall* for the prior year? d quarterly installments for the ons and complete the following	plan with a valuation tributions from prior date	date after the years	date	18(c) rear: 19a 19b	empl	Yes X No		
	a Contrib b Contrib c Contrib Quarterly a Did the	putions allocated toward oputions made to avoid resolutions allocated toward mit contributions and liquidite plan have a "funding shangs is "Yes," were require	unpaid minimum required con trictions adjusted to valuation nimum required contribution for y shortfalls: ortfall* for the prior year? d quarterly installments for the ons and complete the following	plan with a valuation tributions from prior date	date after the years	date	18(c) rear: 19a 19b	empl	Yes X No		

		_								
Pa	art V Assumptions U	sed to Determine I	Funding Target and Targe	et Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 5.23%	2nd segment: 6.51 %	3rd segment 7.16 %		N/A, full yield	curve u	sed		
	b Applicable month (enter	code)			21b			3		
22	Weighted average retireme	nt age	-		22			62		
23				scribed - separate	Substitu	te				
Pa	rt VI Miscellaneous I	ltems								
24	Has a change been made in	n the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding required				
	attachment				,		Yes X	No		
25	Has a method change been	n made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment		Yes X	No		
26	Is the plan required to provi	ide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes X	No		
27			er applicable code and see instruc		27					
Pa	rt VII Reconciliation	of Unpaid Minimu	m Required Contribution	s For Prior Years						
28	Unpaid minimum required o	contributions for all prior y	/ears	***************************************	28	-				
29			unpaid minimum required contrib		29					
30	Remaining amount of unpai	id minimum required con	tributions (line 28 minus line 29)		30			0		
Pa	rt VIII Minimum Requ	uired Contribution	For Current Year		_					
31	Target normal cost and exc	cess assets (see instructi	ons):		_	_				
	a Target normal cost (line 6))			31a			0		
	b Excess assets, if applicab	ole, but not greater t ha n I	ine 31a		31b					
32	Amortization installments:			Outstanding Bala	ince	Installm	ent			
	a Net shortfall amortization	installment	<u></u>		111834		2	6293		
	b Waiver amortization insta	illment			0			0		
33			er the date of the ruling letter grar) and the waived amount		33					
34	Total funding requirement b	efore reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34		2	6293		
			Carryover balance	Prefunding balar	nce	Total bal	ance			
35	Balances elected for use to requirement				26293		2	6293		
36	Additional cash requirement	t (line 34 minus line 35)			36			0		
37		•	ntribution for current year adjuste		37					
38	Present value of excess cor	ntributions for current year	ar (see instructions)							
				***************************************	38a			0		
			refunding and funding standard c		38b					
39	Unpaid minimum required o	ontribution for current ye	ar (excess, if any, of line 36 over l	ine 37)	39			0		
40	Unpaid minimum required o	ontributions for all years.			40			0		
Pa	t IX Pension Fund	ing Relief Under P	ension Relief Act of 2010	(See Instructions)						
41	If an election was made to us	se PRA 2010 funding rel	ief for this plan:							
	a Schedule elected					2 plus 7 years	15 year	s		
	b Eligible plan year(s) for wh	hich the election in line 4	1a was made		2008	2009 2010	201	1		
42					42		<u> </u>			
43	Excess installment acceleration amount to be carried over to future plan years									

CHARLES I. RESNICK, DDS., PC. DEFINED BENEFIT PLAN

Shortfall Amortization
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 1/1/2013

	Amortization	Number of Future		Value of Future
Valuation Date	Method	<u>Installments</u>	Installment	Installments
01/01/2009	7-year	3	\$5,459	\$15,577
01/01/2010	7-year	4	\$(2,556)	\$(9,485)
01/01/2011	7-year	5	\$22,638	\$102,483
01/01/2012	7-year	6	\$1,759	\$9,247
01/01/2013	7-year	7	\$(1,007)	\$(5,988)
Total			\$26,293	\$111,834