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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 5500	0-SF.		peotion
Part I	Annual Report I	dentification Information					
For caler	idar plan year 2013 or fise	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
	eturn/report is for:	a single-employer plan	=	an (not multiemployer)		a one-partici	pant plan
B This	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progra	am
D 4 11	D : D:	special extension (enter descript	,				
Part II		mation—enter all requested inform	nation		41.		T
1a Nam	•	IDOVEEO DETIDEMENT DI ANI DE	OFIT OLIABINO		10	Three-digit plan number	
HEKBEKI	TARAGIN, DDS, PC EM	IPOYEES RETIREMENT PLAN - PR	OFIT SHARING			(PN) ▶	002
					1c	Effective date o	1
					. •	01/01	•
	sponsor's name and add	lress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-24	fication Number
7000 DAV	DADIONAY	7000 DAV 5	DA DIZIATA V		2c	Sponsor's telep	
	PARKWAY N, NY 11204	7000 BAY F BROOKLYN	N, NY 11204		2d		(see instructions)
		d address Same as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b	Administrator's	
ERBERT	FARAGIN, DDS, PC				3с		telephone number
nam a Spor	ne, EIN, and the plan num nsor's name	plan sponsor has changed since the ber from the last return/report.	· 	, .	4b 4c	EIN PN	
5a Tota	Il number of participants a	at the beginning of the plan year			5a		3
b Tota	I number of participants a	at the end of the plan year			5b		2
		ccount balances as of the end of the		•	5c		2
6a We	re all of the plan's assets	during the plan year invested in eligi	ble assets? (See instruc	tions.)			X Yes No
und	er 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	and conditions.)				X Yes No
•		her line 6a or line 6b, the plan can					-
C If the	e plan is a defined benefit	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late o	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is	established.	
Under pe SB or Sc	nalties of perjury and oth	er penalties set forth in the instructio d signed by an enrolled actuary, as v	ns, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN HERE							
	Signature of employer/plan sponsor Date Enter name of individurer's name (including firm name, if applicable) and address; include room or suite number (optional)						
Preparer	s name (including firm na	ame, ir applicable) and address; inclu	ide room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea		П		(b) End o	f Voor		
	otal plan assets						(b) End o	274169	93	
	otal plan liabilities							21 1100		
	Net plan assets (subtract line 7b from line 7a)	76 7c	237980	15				274169	3	
	Income, Expenses, and Transfers for this Plan Year	70			+		(b) To			
	Contributions received or receivable from:		(a) Amount	(a) Amount			(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	46065	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46065	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9876	7						
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						9876	67	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						36188	38	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	, <u>o</u> ,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:		
Don	W Compliance Overtions									
Par	•				Vaa	NI-	1			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withir	n the time period described in	Г	Yes	No	,	mount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
				100	Χ				220	0000
				10c					22(0000
d	or dishonesty?	······································		10d		Х				
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		Χ				
h		(See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the							
Dani	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
11										
	5500) and line 11a below)									
	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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? Yes 🔀 No							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 letter ruling granting the waiver Month Day Year									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46:	ı			
b	Enter the minimum required contribution for this plan year					12b				

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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	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 coof the PBGC?	ontrol		Yes X No				
С	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):	c(2) Ell	13c(3) PN(s)					
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

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).

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

2013

OMB NOS. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I	Annual Report	Identification Ir	nformation		and ending 12	/31/20	13				
For	calendar	plan year 2013 or fi	scal plan year begin					a one-particip	ant plan			
A	This retur	n/report is for:	a single-employ			(not multiemployer)	L] a one-particip	ant plan			
B This return/report is: the first return/report the final return/report												
			an amended re			eport (less than 12 mo	ntns) F	7 DEVO				
C	Check bo	x if filing under:	Form 5558	aut	omatic extension		L	DFVC progra	m			
			special extensi	on (enter description)	No. of the last of							
Pa	rt II	Basic Plan Info	rmation—enter a	II requested information	1		41					
1a	Name of	f plan						Three-digit olan number	**			
HERE	BERT TA	RAGIN, DDS, PC E	MPOYEES RETIRE	MENT PLAN - PROFIT	SHARING			(PN) •	002			
						Ī	1c	Effective date of				
2a HER	Plan spo	onsor's name and ad	ddress; include room	or suite number (empl	oyer, if for a single-e	mployer plan)			fication Number 78724			
				TOOL DAY DARK	20/07		2c	Sponsor's telep				
,	BAY PA OKLYN,	NY 11204		7000 BAY PARK BROOKLYN, NY			2d	2d Business code (see instructions) 621210				
			and address Same	e as Plan Sponsor Nam	e XSame as Plan	Sponsor Address	3b	Administrator's	EIN 178724			
IERB	ERT TAF	RAGIN, DDS, PC					3с	Administrator's	telephone number 6-4389			
4	If the na	ame and/or EIN of the	he plan sponsor has	changed since the last	return/report filed for	this plan, enter the	4b	EIN				
_			umber from the last	return/report.			4c	PN				
		or's name	ts at the beginning of	f the plan year			-		3			
00000				lan year			5b		2			
C				as of the end of the plan								
	comple	ete this item)					5c		Yes No			
	Were	all of the plan's asse	ets during the plan ye	ear invested in eligible a nation and report of an	assets? (See instruct independent qualifier	ions.) d public accountant (IQ	PA)		M 100 110			
k	under	29 CFR 2520,104-4	6? (See instructions	on waiver eligibility and	d conditions.)				X Yes No			
	If you	answered "No" to	either line 6a or lin	e 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	٦			
-	If the p	olan is a defined ben	efit plan, is it covere	d under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined			
Ca	ution: A	penalty for the late	e or incomplete fili	ng of this return/repor	t will be assessed u	ınless reasonable cau	use is	established.				
SE	3 or Sche	alties of perjury and dule MB completed true, correct, and co	and signed by an er	orth in the instructions, I prolled actuary, as well	I declare that I have e as the electronic vers	examined this return/rejsion of this return/report	port, ir t, and	to the best of m	y knowledge and			
l ei	GN	M. Suk	& all		10/2/14	Herbert Taragin,	DDS	3				
appear of the same	ERE	Signature of plan	administrator		Date	Enter name of individ	lual sig	ning as plan ad	lministrator			
SI	GN					Herbert Taragin	, DDS	3				
	ERE	Signature of emp	loyer/plan sponsor		Date	Enter name of individ						
Pr	eparer's	name (including firm	n name, if applicable) and address; include i	room or suite numbe	r (optional)	Prep	arer's telephon	e number (optional)			

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a	Total plan assets	7a	2379805				2741693
-	Total plan liabilities	7b					
	t plan assets (subtract line 7b from line 7a)						2741693
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)			+-		
	(2) Participants	8a(2)			+-		
	(3) Others (including rollovers)	8a(3)	460655		+		
Description Named In	Other income (loss)	8b	400000		+		460655
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		40000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	98767	7	-		
e	Certain deemed and/or corrective distributions (see instructions)	8e			+-		
f	Administrative service providers (salaries, fees, commissions)	8f			+-		
g		8g			+		98767
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+		361888
i_	Net income (loss) (subtract line 8h from line 8c)	8i			+-		301000
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics		to the United Steel Character		4:- C-	dee in t	the instructions:
9a	If the plan provides pension benefits, enter the applicable pension 2E 3E						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions with uciary Cor	in the time period described in rection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х	
	Was the plan covered by a fidelity bond?			10c	X		220000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		Х	
	Were any fees or commissions paid to any brokers, agents, or ot						
	insurance service, or other organization that provides some or all	of the be	nefits under the plan? (See	40-		Х	
	instructions.)			10e		Х	
	f Has the plan failed to provide any benefit when due under the pla			10f			
September 1	g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Pa	rt VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
_11	a Enter the unpaid minimum required contribution for current year t	from Sche	dule SB (Form 5500) line 39			11a	
12	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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year						
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	orm 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	12d		
	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part				
13a	Has a resolution to terminate the plan been adopted in any plan year?	<u> , </u>	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?			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.)	s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
	oo(1) Hame of pranter.			

Form 5500-SF 2013

Part VIII Trust Information (optional)

14a Name of trust

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14b Trust's EIN