### 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 Be	enetit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	dance with the instruc	ctions to the Form 550	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	3	and ending 1	2/31/20	013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	Ī	a one-particip	pant plan
	turn/report is:	the first return/report	the final return/report		L		
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)				
Part II	Basic Plan Infor	mation—enter all requested information	ation				
1a Name	of plan				1b	Three-digit	
CURTIS K. C	GOSS, D.D.S., P.C. PR	OFIT SHARING PLAN				plan number	
						(PN) <b>▶</b>	002
					1c	Effective date of	
0- 5	· · · · · · · · · · · · · · · · · · ·					07/11	
	ponsor's name and add GOSS DDS, PC	lress; include room or suite number (e	mployer, if for a single-	-employer plan)			fication Number 84344
					2c	Sponsor's telep	
905 ANNAD	ALE ROAD LAND, NY 10312				24	718-356	
OTATENTOL	LAND, NT 10012				20	Business code ( 62121	(see instructions)
		d address Same as Plan Sponsor N	—	n Sponsor Address	3b /	Administrator's I	EIN 084344
URTIS K. GO	OSS DDS, PC	905 ANNADAL STATEN ISLAI	E ROAD ND, NY 10312		3c /	Administrator's 1	telephone number
						710-330	0-3260
4 If the r	name and/or FIN of the	nlan enoneor has changed since the l	ast return/report filed fo	or this plan, enter the	4h		
		plan sponsor has changed since the labor from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c		
name	, EIN, and the plan num or's name		·		4c		6
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.					6
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b		6
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	
name, a Spons 5a Total r b Total r C Numb compl 6a Were	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene le assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	6 6 No
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	efit plans do not etions.)ed public accountant (IQ	4c 5a 5b 5c PA)	PN	6 6 No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF isurance program (see	efit plans do not etions.)	4c 5a 5b 5c PA)	PN	6  X Yes No  Yes No
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated assets? (See instruction independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c Form !	PN  5500.  Yes No established.  Cluding, if applic	6  X Yes No X Yes No Not determined  able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is for	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated assets? (See instruction independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c Form !	PN  5500.  Yes No established.  Cluding, if applic	6  X Yes No X Yes No Not determined  able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	p. EIN, and the plan numor's name number of participants and participants and participants with a plete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF isurance program (see port will be assessed in the same of the s	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c 5a 5b 5c Form 9 see is eport, inc, and to	PN  5500.  Yes No established.  Cluding, if applice the best of my	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated assets? (See instruction independent qualifier and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form 9 see is eport, inc, and to	PN  5500.  Yes No established.  Cluding, if applice the best of my	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF issurance program (see port will be assessed as, I declare that I have all as the electronic verification of the policy of t	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report SHERYL GUSS Enter name of individu	4c 5a 5b 5c PA) Form 9 see is eport, inc, and to	PN  5500.  Yes No   established.  Cluding, if applic of the best of my   ning as plan adm	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF issurance program (see port will be assessed as, I declare that I have lell as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN  5500.  Yes No Established.  Cluding, if applic to the best of my  ning as plan admining as employe	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF issurance program (see port will be assessed as, I declare that I have lell as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN  5500.  Yes No Established.  Cluding, if applic to the best of my  ning as plan admining as employe	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF issurance program (see port will be assessed as, I declare that I have lell as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN  5500.  Yes No Established.  Cluding, if applic to the best of my  ning as plan admining as employe	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF issurance program (see port will be assessed as, I declare that I have lell as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN  5500.  Yes No Established.  Cluding, if applic to the best of my  ning as plan admining as employe	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualification of use Form 5500-SF issurance program (see port will be assessed as, I declare that I have lell as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN  5500.  Yes No Established.  Cluding, if applic to the best of my  ning as plan admining as employe	6  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Deginning of Vec				(h) End of Voca	
		7-	(a) Beginning of Yea				(b) End of Year 2443234	
<u>а</u> b	Total plan assets  Total plan liabilities	7a		0	0			
	Net plan assets (subtract line 7b from line 7a)	7b	186023					
	, ,	7c						
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
и	(1) Employers	8a(1)	5000	0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	53299	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					582996	
d	Benefits paid (including direct rollovers and insurance premiums			0				
	to provide benefits)	8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
<u> </u>	Administrative service providers (salaries, fees, commissions)	. 8f		0				
<u>g</u>	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					582996	
	Transfers to (from) the plan (see instructions)	8j		0				
	t IV Plan Characteristics							
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	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		135000	
	Did the plan have a loss, whether or not reimbursed by the plan's			100			100000	
	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						X		
				10f		X		
9				10g		^		
h	2520.101-3.)	•		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			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	1a 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,							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo							
h	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	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 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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	l <b>4b</b> Tr	ust'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-SF annually, but only upon PPPC's receipt of a copy of the manually signed page two of Form 5500-SF.

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.

Date

### 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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	dentification Informat	ion						
For calenda	ar plan year 2013 or fis	cal plan year beginning	01/0	1/2013	and ending		12/31/2013		
A This ret	urn/report is for:	X a single-employer plan	an	nultiple-employer pl	an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report	the	final return/report					
		an amended return/report	t 🗌 a sł	nort plan year returr	n/report (less than 12 mo	onths)			
C Check I	oox if filing under:	X Form 5558	aut	omatic extension			DFVC program		
	9	special extension (enter of	description)				_		
Part II	Basic Plan Info	mation—enter all requeste		า	AND THE RESIDENCE OF THE PARTY				
1a Name	The state of the s					1b	Three-digit		
		S., P.C. PROFIT S	HARING	PLAN	-		plan number (PN) • 002		
							Effective date of plan 07/11/1981		
	oonsor's name and add	ress; include room or suite nu	umber (empl	oyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 13-3084344		
	,					2c	Sponsor's telephone number		
905 ANI	NADALE ROAD						718-356-3280		
			_			2d	Business code (see instructions)		
	ISLAND dministrator's name an	NY 1031 d address Same as Plan S		e Same as Plan	Sponsor Address	3b	621210 Administrator's EIN		
	K. GOSS DDS,					30	13 - 3 0 8 4 3 4 4 Administrator's telephone number		
							718-356-3280		
905 ANI	NADALE ROAD								
	ISLAND	NY 10312							
4 If the r	name and/or EIN of the	plan sponsor has changed sinber from the last return/repor	nce the last	return/report filed fo	or this plan, enter the	4b	EIN		
a Spons		iber from the last returning por				4c	PN		
		at the beginning of the plan ye	ear			5a	6		
		at the end of the plan year				5b	6		
		ccount balances as of the en				5c	6		
		during the plan year invested					X Yes No		
<b>b</b> Are yo	ou claiming a waiver of	the annual examination and re (See instructions on waiver e	eport of an ir	ndependent qualifie	d public accountant (IQI	PA)	X Yes ☐ No		
unaer If you	29 CFR 2520.104-46?	her line 6a or line 6b, the pl	an cannot u	se Form 5500-SF	and must instead use	Form	5500.		
		plan, is it covered under the							
		· · · · · · · · · · · · · · · · · · ·							
Caution: A	penalty for the late o	r incomplete filing of this re	eturn/report	Will be assessed t	uniess reasonable cau	ort in	cluding, if applicable, a Schedule		
SB or Sche	dule MB completed an rue, correct, and comp	d signed by an enrolled actua	ry, as well as	s the electronic vers	sion of this return/report,	and t	o the best of my knowledge and		
olov.	1	L XI		10/1/14	CURTIS K. GOSS	3, D	.D.S.		
SIGN HERE	Signature of plan ac	Iministrator	~	1.1.					
OLON	Signature of plan ac	W M	Date Enter name of individual signing as plan administrator  CURTIS K. GOSS, D.D.S.						
SIGN HERE	Signature of employ	ver/plan sponsor		Date			ning as employer or plan sponsor		
Preparer's	name (including firm na	me, if applicable) and addres	s; include ro				arer's telephone number (optional)		
160									
					ŀ				

	rt III   Financial Information						/L\ =	1 .21/			
7_	Plan Assets and Liabilities		(a) Beginning of Yea		_	(b) End of Year			13	234	
a	Total plan assets	. 7a	18	6023	8				24	4.5	234
<u>b</u>	Total plan liabilities	. 7b	10	<u> </u>				24	4.2		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		6023	8				24	4.5	234
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1888	(b) Total					EMOESS:
a	Contributions received or receivable from: (1) Employers	8a(1)		5000	200000	)					
	(2) Participants	. 8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
<u>b</u>	Other income (loss)	. 8b	5	3299	6				_		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						esignese.	5	82	996
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f			이						
g	Other expenses	. 8g		V8.0 93.20 90.	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-Dentherson Denve			5	82	996
j	Transfers to (from) the plan (see instructions)	8j			0		a fire				
Pa	rt IV Plan Characteristics										
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for										
Par					Yes	No		Δm	ount		
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in					7 1711			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		X					
	on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	X				1	.35	000
C	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the ben	efits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х					
h		(See instru	ctions and 29 CFR	10h		Х					
ī	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	I notice or one of the	10i							
Pari	(managara)			·							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	es," see instructions and com	nplete	Sched	iule SE	3 (Form	Tr	Yes	П	No
44	5500) and line 11a below)				i	11a	<u> </u>				
	Enter the unpaid minimum required contribution for current year fr						FRISA?	ТГ	Yes	[x]	No
12	Is this a defined contribution plan subject to the minimum funding			- 01 88	CHOIT	JUZ UI			55	μ1	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortize	ed in this plan year, see instru	ctions,	and e	enter th	ne date of	the le	tter rul	ling	
l f	you completed line 12a, complete lines 3, 9, and 10 of Schedule								**************************************		<u> </u>
	Enter the minimum required contribution for this plan year					12b	I				

***************************************	Form 5500-SF 2013 Page <b>3</b> -				
С	Enter the amount contributed by the employer to the plan for this plan year	12	<b>;</b>		
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)	120	t		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s	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	ı		
d	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?		ol		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 which assets or liabilities were transferred. (See instructions.)	n(s) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
				l	
Dart	VIII Trust Information (optional)			L	
	Name of trust	14b	Trust's E	EIN	
ima	Name of about	1			