For	rm 5500-SF	Short Form Annua	al Return/Report	t of Small Emple	oyee	3	OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	Benefit Plan					2014		
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).						al	Form is Open to		
	enefit Guaranty Corporation	,		Pul	blic Inspection				
Part I	Annual Report I	Complete all entries in ad dentification Information	ccordance with the inst	ructions to the Form 55	00-SF	<u>. </u>			
	lar plan year 2014 or fisc		14	and ending 12/	/31/201	14			
	<u> </u>	X a single-employer plan		plan (not multiemployer) (ox must attach a list		
	turn/report is for: urn/report is	a one-participant plan the first return/report		oyer information in accord		-			
		an amended return/report	an amended return/report a short plan year return/report (less than 12 months						
C Check	box if filing under:	X Form 5558 special extension (enter descrip	automatic extension		[DFVC prog	ram		
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name						Three-digit plan number (PN) ▶	002		
					-	Effective date	of plan 1/1981		
	ponsor's name and addr GOSS DDS, PC	ress; include room or suite number	· (employer, if for a single	employer plan)		Employer Iden	tification Number 3084344		
905 ANNADA	ALE ROAD				2c		phone number 56-3280		
	AND, NY 10312				2d	Business code 6212	e (see instructions) 210		
3a Plan a	administrator's name and	address Same as Plan Sponso	or.		3b	Administrator's	s EIN 3084344		
4 If the r	name and/or FIN of the	plan sponsor has changed since th	SLAND, NY 10312	for this plan enter the	4b	718-3	s telephone number 56-3280		
name		ber from the last return/report.	le last letun roport med i		40 4c				
· _ ·		t the beginning of the plan year			52		6		
_		it the end of the plan year			5k		6		
C Numb	per of participants with ac	ccount balances as of the end of th	ne plan year (defined ben	nefit plans do not	50		6		
•	,	icipants at the beginning of the pla			5d(1	1)	6		
d(2) Tot	tal number of active part	icipants at the end of the plan year	ſ		5d(-	6		
e Numbe	er of participants that terr	minated employment during the pla	an year with accrued ben	efits that were	5e	. ,	0		
		r incomplete filing of this return/			ise is (established			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructi d signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/rep	port, in	cluding, if appli	cable, a Schedule ly knowledge and		
SIGN Filed with authorized/valid electro			10/08/2015	CURTIS K. GOSS, D.I	FIS K. GOSS, D.D.S.				
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual sig	ning as plan ac	Iministrator		
SIGN									
HERE Signature of employ					vidual signing as employer or plan sponsor				
Preparer's	name (including firm nar	me, if applicable) and address (inc	lude room or suite numbe	er) (optional)	Prepa	arer's telephon	e number (optional)		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No						
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
c	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined
				21):		103	
	t III Financial Information						
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
<u>a</u>	Total plan assets	. 7a	24432		_		2714922
	Total plan liabilities	7b	04400	0	_		0744000
	Net plan assets (subtract line 7b from line 7a)	7c	24432	234			2714922
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	2716	88			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					271688
	Benefits paid (including direct rollovers and insurance premiums	00					2.1000
	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					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					271688
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	· · ·					
9a							
b	If the plan provides welfare benefits, enter the applicable welfare fe	aature cod	as from the List of Plan Chara	rtorist	ic Coc	las in th	ne instructions:
				5101131			
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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
d				100			
	or dishonesty?			10d		Х	
e	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 bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR			X	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	he required	I notice or one of the	10h 10i			
Dert		1-5					
Part 11		onto? //f "	(ap " app instructions and a sec	nlat-	Cok-		e (Eorm
	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						
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a					 	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc	ctions	, and e	enter th	e date of the letter ruling

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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 onegative amount)	of a	12d				
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 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):	1	3c(2) El	IN(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN			

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Form 5500-SF	Short Form Annua	i Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treesury Internal Revenue Service	tetirement	2014					
Department of Labor Employee Benefits Security Administration	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in action	cordance with the instru	actions to the Form 5	500-SF.	Public Inspection		
Part I Annual Report Id For calendar plan year 2014 or fisc	dentification Information	01/01/2014	and ending	12/31	/2014		
	x a single-employer plan		an (not multiemployer)		this box must attach a list orm instructions)		
· [a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
[an amended return/report	a short plan year return	/report (less than 12 m	nonths)			
C Check box if filing under:	X Form 5558	automatic extension			program		
ļ	special extension (enter descrip	tion)					
Part II Basic Plan Infor	mationenter all requested info	mation					
1a Name of plan	·····			1b Three-di	·		
CURTIS K. GOSS, D.D.S	5., P.C. PROFIT SHARI	NG PLAN		plan nun (PN) ▶ 1c Effective			
				07/11	/1981		
28 Plan sponsor's name and addr CURTIS K. GOSS DDS, 1		(employer, if for a single-	employer plan)		r Identification Number 3-3084344		
				2c Sponsor	's telephone number		
905 ANNADALE ROAD					56-3280		
STATEN ISLAND	NY 10312			62121			
3a Plan administrator's name and		r.		3b Administ 13-30			
CURTIS K. GOSS DDS, 1	PC				rator's telephone number		
905 ANNADALE ROAD				718-35	56-3280		
STATEN ISLAND	NY 10312						
name, EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	e last return/report filed fo	r this plan, enter the	45 EIN 4c PN			
 a Sponsor's name 5a Total number of participants a 	t the beginning of the plan year				6		
	at the end of the plan year						
C Number of participants with a	ccount balances as of the end of th	e plan year (defined bene	fit plans do not	5c	6		
d(1) Total number of active part	icipants at the beginning of the pla	n year		5d(1)	6		
d(2) Total number of active part	icipants at the end of the plan year	·····		5d(2)	6		
e Number of participants that ter	minated employment during the pla	an year with accrued bene	fits that were	5e	0		
Caution: A penalty for the late o	r incomplete filing of this return/	report will be assessed i	uniess reasonable ca	use is establis	hed.		
Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/r	eport, including, i	if applicable, a Schedule		
SIGN	R. Kh- 7D.	3 10/2/15	CURTIS K. GOS	SS, D.D.S.			
HERE Signature of plan ad	ministrator	Bate	Enter name of indivi	idual signing as p	an administrator		
SIGN							
HERE Signature of employ Preparer's name (including firm na	rer/plan sponsor ame, if applicable) and address (inc	Date Jude room or suite numbe	Enter name of indivi r) (optional)		ephone number (optional)		

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	Form 5500-SF 2014		Page 2	
6a b c	in eligit	an indepo and cond	endent qualified public accountant (IQF itions.)	A)
P	art III Financial Information			[] Yes [] No [] Not determined
7	Plan Assets and Liabilities	a series	(a) Beginning of Year	
a	Total plan assets	7a	2443234	(b) End of Year
þ	Total plan liabilities	76		2714922
Ċ	Net plan assets (subtract line 7b from line 7a)	70	2443234	
8	Income, Expenses, and Transfers for this Plan Year			2714922
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	(b) Total
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		<u>n kan merupakan kerangkan kerangkan kan dia kan kerangkan kerangkan kerangkan kerangkan kerangkan kerangkan ke</u> Kan kan dia kerangkan
b	Other income (loss)	8b	271688	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	271088	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	<u>na na mana ina ina pangana na panganta kangangan</u>	271688
e	Certain deemed and/or corrective distributions (see instructions)		· · · · · · · · · · · · · · · · · · ·	
f	Administrative service providers (salaries, fees, commissions)	81	· · · · · · · · · · · · ·	
g	Other expenses	8g	· · · · · · · · · · · · · · · · · · ·	
h	Total expenses (add tines 8d, 8e, 8f, and 8g)	<u>99</u> 8h		<u>na na n</u>
1	Net income (loss) (subtract line 8h from line 8c)	8i		0
J	Transfers to (from) the plan (see instructions)		<u>na ang sa kata na sa kata na k</u>	271688
Dias		<u>8j</u>		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:				······································
а			Yes	No	Amount
	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)	10a		х	
ь	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
c	Was the plan covered by a fidelity bond?	10¢	х		135000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	· · · · · · · · · · · · · · · · · · ·
f	Has the plan failed to provide any benefit when due under the plan?	10E		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
í	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	101			
Part	VI Pension Funding Compliance	101 1			na katalah dari dari katalah dari dari dari dari dari dari dari dari
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and com 5500) and line 11a below)	olete S	Schedu	ile SB	
<u>11a</u>	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			1a	Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	orser	tion 30	12 of E	ERISA? 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 instruct granting the waiver	tions,	and en		
				Day	Year

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Form 5500-SF 2014 Page 3 -				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and akip to line 13.		126		
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		120		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of		12d		
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			S X No	
13a Has a resolution to terminate the plan been adopted in any plan year?		139		
If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u	inder the co	ntrol		Yes X No
 of the PBGC?,		c(2) EII		13c(3) PN(9)
13c(1) Name of plan(5):	13		۹ <u>(۵)</u> .	
Part VIII Trust Information (optional)		14b T	rust's EIN	
14a Name of trust				



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.