| 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 |

Page 3 - 1

| 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 | | | |

| 10/02/2015 11:57 | | STAPLES | 1742 | | PAGE 02 | | |
|---|--|----------------------------------|---------------------------------------|------------------------------------|--|--|--|
| 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) | | |
| | | | | | | | |
| | | | | | | | |

| | 10/02/2015 11:57 | | STAPLES 1742 | PAGE <u>03</u> |
|--------------|---|-----------------------|---|--|
| | 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 |

10/02/2015 11:57

STAPLES

1742

PAGE 04

| 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.