## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt I An	nual Report I	<u>Identification Information</u>	n							
For c	alendar pla	n year 2015 or fisc	cal plan year beginning 01/01	/2015 and ending 12	2/31/2015						
<b>A</b> T	his return/re	eport is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	, , <u> </u>						
<b>B</b> Th	nis return/re	onths)									
C Check box if filing under:    Special extension   automatic extension   DFVC program											
Pai	rt II Ba	sic Plan Infor	rmation—enter all requested in	nformation							
	Name of pla	n	ROFIT SHARING PLAN		<b>1b</b> Three-digit plan number (PN) ▶	002					
				1c Effective dat	e of plan 7/11/1981						
1	Mailing addr City or town	or's name (employerss (include room , state or province	2b Employer Identification Number (EIN) 13-3084344  2c Sponsor's telephone number								
JURII	URTIS K. GOSS DDS, PC					8-356-3280					
005 ANNADALE ROAD STATEN ISLAND, NY 10312					2d Business code (see instructions) 621210						
	Plan admini S K. GOSS	strator's name and DDS, PC	905 AN	nsor. NADALE ROAD N ISLAND, NY 10312	<b>3c</b> Administrato	r's EIN 3-3084344 r's telephone number 3-356-3280					
			plan sponsor has changed since the from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN						
as	Sponsor's n	ame			4c PN						
5a	Total numb	er of participants a	at the beginning of the plan year		5a	6					
b	Total numb	er of participants a	at the end of the plan year		5b	0					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					. 5c						
<b>d(</b> 1	<b>l)</b> Total nun	nber of active part	ticipants at the beginning of the p	olan year	5d(1)	6					
d(2	<b>2)</b> Total nur	nber of active part	ticipants at the end of the plan ye	ear	5d(2)	0					
	than 100%	vested		e plan year with accrued benefits that were less	5e	0					
Unde SB o	er penalties r Schedule	of perjury and othe	ner penalties set forth in the instrud d signed by an enrolled actuary,	rn/report will be assessed unless reasonable cau uctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	port, including, if ap						

10/05/2016

Date

Date

CURTIS K. GOSS, D.D.S.

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	f Year	
a Total plan assets	7a		2714	922					0
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		2714	922					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To	tal	
Contributions received or receivable from:     (1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		70	694					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							706	694
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	04		2785	616					
Certain deemed and/or corrective distributions (see instructions)	8d 8e		2700	7010					
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27856	316
i Net income (loss) (subtract line 8h from line 8c)	8i							-27149	322
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics	, .				•				
<b>9a</b> If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	ne instructi	ons:	
2A 2E 3D									
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	ies in the	e instructio	ns:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
<b>a</b> Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not ir	nclude transactions	10b		X				
			10c	X					135000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla									
			10f		X				
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				
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,			<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for all years from						11a	***1		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι			
b	Enter ti	he minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo			
		s," enter the amount of any plan assets that reverted to the employer this year		13a	T				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part		Trust Information							
14a	Name o	f trust		14b 1	rust's Ell	N			
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
				telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No			
	10 110			_ D	esign-				
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP					
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No					
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?							
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra pe	erage efit test				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No			
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	," enter amount	·····	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

1742

On behalf of the it sove named plan sponsor, the undersigned hereby grants permission to Preferred Pension Plannir (Corporation (PPPC) to electronically file the plan sponsor's Form(s) 5500 annually, but only upon PPPC (Corporation (PPPC)) eccipt of a copy of the manually signed page one of Form 5500 or page two of 5500-SF.

The sponsor has a sen notified that the image of the plan administrator's/ plan sponsor's manual signature will be cluded with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The plan sponse of Trustee understand and agree that the complete electronically filed Form 5500 will have PPPC included as Plan Administrator. This listing is solely for purposes of filing the Form 5500. The plan sponse of ind Trustee agree that PPPC is not the Plan Administrator, that Preferred Pension Planning Corpor is on and its employees are not fiduciaries of the plan, and they are not responsible for any penalties, fire is, charges, corrections, or other charges or actions that may be required or imposed upon the plan or a representatives.

The employer  $\eta \gg r$  evoke or change this authorization for future plan years at any time by notification in writing to PPI (

Date

991 Rost ... 2 West Bridgewater, New Jersey 08807-2956 • (908) 575-7575 • FAX: (908) 575-8889

## 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

Complete all entries in accordance with the instructions to the Form 5500-SF. Part I. Annual Report Identification Information

2015							
This Form is Open to Public Inspection							
31/201	5						
_	ox must attach a 1 instructions)						
FVC prog	ram						
-digit umber ▶	002						
ve date of 1/198:	f plan 1						
yer Identi: 13–308	fication Number 4344						
356-32 ss code (	hone number 280 see instructions)						
10							
strator's 1 084344	≣IN						
istrator's t 356-32	elephone number 80						
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	able, a Schedule	_					
est of my	knowledge and						

For calendar plan ye	sar 2015 or fisc	za: pian year beginning	01/0	1/2015	and ending		12/31/201	5				
A This return/repor		🗴 a single-employer plan	a mi list o	ultiple-employer pl of participating em	an (not multiemployer) ployer information in a	oloyer) (Filers checking this box must attach a on in accordance with the form instructions)						
		∐ s one-participant plan	a for	reign plan								
B This return/report	is	the first return/report	X the fi	nal return/report								
		☐ ∌n amended retum/report	a sho	ort plan year return	v/report (less than 12 m	onths)						
C Check box if filing	g under:	X Form 5558		matic extension			DFVC prog	ıram				
Part II Basic	Dian Infor	special extension (enter descr										
1a Name of plan	FRAIT ATTOT	mation—enter all requested in	normation			16	Throp digit	1				
	SS, D.D.S	S., P.C. PROFIT SHAR	RING PI	LAN		1b Three-digit plan number (PN)						
							Effective date o 07/11/198					
Mailing address	(include room,	er, 년for a single-employer plan) , a원 , suite no. and street, or P.C , country, and ZIP or foreign posta		foreign een inetri	undina	2b	Employer Identi (EIN) 13-308	ification Number 84344				
CURTIS K. G		- · · · · · · · · · · · · · · · · · · ·	iai coda (ii	Torongin, see motife	401101109		Sponsor's telep					
							718-356-3.	280 (see instructions)				
905 ANNADALI	E ROAD						621210	(see manachons)				
CONTRACT TOTAL	NTS.	1011A										
STATEN ISLAN		NY 10312 Same as Plan Spons	enr			36	Administrator's	±iN				
CURTIS K. GO		<u> </u>	301.			1	13-3084344	÷114				
	,							telephone number				
905 ANNADALE	ROAD					7	18-356-32	80				
amamen		10310										
STATEN ISLAN  4 If the name and		NY 10312 plan sponsor has changed since	the lest w	turnimant flad fo	r this also pates the	4b						
		plan sponsor has changed since t ber from the last return/report.	the last re	aumrepon nied io	r this plan, enter the	4D	EIN					
a Sponsor's name		The state of the s				4c	PN					
5a Total number of	participants a	t the beginning of the plan year			,,,,	58	a					
		t the end of the plan year				5k	)	0				
		codunt balances as of the end of t				50		0				
d(1) Total number	of active parti	cipants at the beginning of the pla	lan year			5d(	<del>-                                    </del>	6				
		icipants at the end of the plan yea				5d(	2)	0				
<ul> <li>Number of part than 100% ves</li> </ul>		erminated employment during the				56	•	0				
		r inco <b>mplete filing of this return</b> er panaltles set forth in the instruc						anhla a Cahadula				
SB or Schedule MB	completed and	i signed by an <b>A</b> hrolled actuary, a	cuons, rui as well as	the electronic vers	sion of this return/repor	t, and t	o the best of my	/ knowledge and				
belief, it is true, corre	ct and comple	etc.	-7	12/2/2				IIII.				
SIGN Signatur	In Total Tire of plan ad	ministrator	3 /	0/5/16 Date	CURTIS K. GOS  Enter name of individ			ministrator				
SIGN	or prior; au	with-			THE PERSON NAMED AND POST OF THE PARTY OF TH							
HERE Signature of employer/plan sponsor Date Enter name of indi						ual sio	nina as emplove	er or plan sponsor				
		me. if applicable) and address (in					arer's telephone					
,												
				-								
For Paperwork Reduct	tion Act Notice	and OMB Control Numbers, see the	e instruction	ons for Form 5600-9	SF.			Form 6600-SF (2015)				

	Form 5500-SF 2015		Page <b>2</b>									
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public a tlons.) om 5500-SF and mus	account it inste	ant (IC	\PA)  Foπ	n <b>5600.</b>		_	X Yes X Yes		No No
_	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance <sub>l</sub>	orogram (see ERISA s	ection 4	1021)?	[	Yes	No	∏ No	t deten	minec	t
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar		,	(b) En	d of Y	ear		
	Total plan assets.	. 7a		2,71	4,92	2						0
		7b				4			:			
	Net plan assets (subtract line 7b from line 7a)	7c		2,71	4,92	2	,					0
-8 -a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt		<b>-</b>		(b)	Total			
	(1) Employers	8a(1)					and the					p. 1.0
	(2) Participants	8a(2)						1. 1.		g	14.	
	(3) Others (including rollovers)	8a(3)						. N. 194	Transfer			Jil.
<u>b</u>	Other Income (loss)	8b		7	0,69	4						· 7.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								7	0,6	94
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	   8d		2,78	5.61	6				8 99	: "	
	Certain deemed and/or corrective distributions (see instructions)	Be		-,,,		-	7 - N					
	Administrative service providers (salarles, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·							<u></u>	The second	<del></del>
	Other expenses	8g		11-11		$\neg$	7					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					"			2,78	5,6	16
	Net income (loss) (subtract line Sh from line 8c)	8i					-2,714,92					
j	Transfers to (from) the plan (see unstructions)	8j						1.1			. 7	. J
Par	t IV Plan Characteristics			·								
	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 the compliance Questions						,					
10	During the plan year:				Yes	No	N/A	г				
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-1027 (See Instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	169	х	IVA		Afr	ioun <u>t</u>		
<u> </u>	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х						
C	Was the plan covered by a fidelity bond?			10c	х			:		1	35,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ier person ie or all of	s by an insurance the benefits under	10e		х						
f	Has the plan failed to provide and benefit when due under the plan	п?		10f		Х						
	Did the plan have any participe or loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	1					
h	WWW.W. T &	(See instru	uctions and 29 CFR	10h		х						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i							V.	
	Did the plan trust incur unrelated business taxable income?			10j						<del></del>		
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u></u> [	Yes	<u>П</u> і	No
11a	Enter the unpaid minimum required contribution for all years from						11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	h <del>e</del> Cod	e or se	ction :	302 of E	RISA?		Yea	Х	No

	Form 5500-SF 2015				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		<del>-</del>	<u> </u>	<u></u> .
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the walver.	enter the	e date of	the letter i	ruling
	r you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			7 0 01	
	DEnter the minimum required contribution for this plan year	12b			
	Enter the amount contributed by the employer to the plan for this plan year	12c			
	subtract the amount in line 12e from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			. ,
<u> </u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Par	The state of the s				
1.37	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	∍ ∏ No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	of the PBGC?		x	Yes [	No.
	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): 13c(2)	EIN(s)		13c(3)	PN(s)
	·				
			i		
Par	Trust Information	<del>-</del>		_	
	Name of trust	14h T	rust's EIN		
		170 "	nar a CIIA		
44-					
140	Name of trustee or custodian		Trustee's elephone	or custodi number	an's
Par	IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	Yes		ΠNo	
			sign-		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	∐ baş har	sed safe bor thod	ADI tesi	P/ACP t
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Rat per test	centage		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes		∏ No	1111
17a	Has the plan been timely amended for all required tax law changes?	Yes		∏No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted . Enter the a for tax law changes and codes).	pplicable	o code		nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				рг
	if the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of idetermination letter.	he plan's	s last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	
19	Were In-service distributions made during the plan year?	Yes		No	
	if "Yes," enter amount	19		<u> </u>	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes		No	□ N/A