## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		• •	Complete all entries in	accordance with the instru	ictions to the Form 550	JU-SF.				
	art I		Identification Information	on						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/	01/2012	and ending	12/31/2	2012			
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-participa	ant plan		
В	This retu	urn/report is:	the first return/report	the final return/report	:					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	<u></u>			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC prograr	n		
			special extension (enter de	escription)						
Pa	art II	Basic Plan Info	rmation—enter all requested	information						
1a	Name of	of plan				1b	Three-digit			
RICH	IARD L.	POLGAR, DMD, P.C.	401 (K) PROFIT SHARING PL	AN			plan number	000		
						_	(PN) •	002		
						1c Effective date of plan 01/01/2002				
2a	Plan sp	oonsor's name and add	dress; include room or suite nur	mber (employer, if for a single	e-employer plan)	2b	Employer Identifi			
		POLGAR, DMD, P.C.		3			(EIN) 16-111			
						2c	Sponsor's teleph	one number		
	TZ STF						607-432	-5444		
ONE	ONTA, I	NY 13820				2d	Business code (s			
2-				По г		26	621210			
<i>3</i> a	Plan ad	dministrator's name an	nd address XSame as Plan Sp	onsor Name Same as Pla	in Sponsor Address	30	Administrator's E	IN		
						3c	Administrator's te	elephone number		
								·		
4			e plan sponsor has changed sin		for this plan, enter the	4b	EIN			
а		EIN, and the plan nun or's name	mber from the last return/report.			4c	PN			
			at the beginning of the plan year	ar		5a	1	8		
b			at the end of the plan year					7		
С			account balances as of the end			0.0		•		
				. , ,	•	. 5c		7		
6a			s during the plan year invested i					X Yes No		
b			the annual examination and re					X Yes No		
			? (See instructions on waiver eli ither line 6a or line 6b, the pla					X Yes   No		
			or incomplete filing of this ret					bla a Cabadula		
			her penalties set forth in the inst nd signed by an enrolled actuar							
		rue, correct, and comp		y, do won do ano orodnomo vo		i, and	to the boot of my i	anomougo and		
		File at with a vale and a disc		00/07/0040	ANOLIAEL COTUBI					
SIG			valid electronic signature.	06/27/2013	MICHAEL OSTUNI					
		Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	ıning as plan adm	inistrator		
SIG										
		Signature of employ	<del></del>	Date	Enter name of individ					
Pre	parer's ı	name (including firm na	ame, if applicable) and address	; include room or suite numb	er (optional)	Prep	arer's telephone r	number (optional)		
							999-999-	9999		

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T	(b) End of Year					
<u>.</u>	Total plan assets	7a	135444				1570863				
b	Total plan liabilities	7b		0	1		0				
	Net plan assets (subtract line 7b from line 7a)	7c	135444			1570863					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:	(4) /				(0) . • • • •					
	(1) Employers	8a(1)	2024	5							
	(2) Participants	8a(2)	2019	8							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	18427	5							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					224718				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	78	7							
_ е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	751	6							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8303				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					216415				
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:				
Par	art V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	0				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		X	0				
С				10c	X		160000				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X	0				
е	Were any fees or commissions paid to any brokers, agents, or oth						<u> </u>				
	insurance service or other organization that provides some or all of	of the bene	fits under the plan? (See		X						
	instructions.)			10e		V	1982				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	0				
g			*	10g	X		63887				
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 the	ne required	I notice or one of the								
i	· · · · · · · · · · · · · · · · · · ·			10i		X					
F	exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	1-3 ents? (If ")	es," see instructions and com	plete		dule SI					
Part	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	1-3 ents? (If "\	es," see instructions and com	plete		dule SI					
Part 11	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and com	plete		dule Si	Yes X No				
Part	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	ents? (If "\	res," see instructions and com	plete		dule Si	Yes X No				
11 11 11a 12	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	ents? (If "\ requireme as applica	res," see instructions and com nts of section 412 of the Code able.) ed in this plan year, see instruc	or se	ection	dule SB	Yes X No  O  ERISA? Yes X No  ne date of the letter ruling				
Part 11 11a 12	exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\ requireme as applica	res," see instructions and com  nts of section 412 of the Code able.) ed in this plan year, see instruc	or se	ection	dule SE 	Yes X No  0  ERISA? Yes X No				
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	ents? (If ") requireme as applica ng amortize	nts of section 412 of the Code able.) ed in this plan year, see instructions and community in the code in the code in this plan year, see instruction	e or se	ection , and e	dule SB	Yes X No  O  ERISA? Yes X No  ne date of the letter ruling				

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			400					
<u> </u>	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	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	10		
	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 und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st'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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I A	nnual Report	Identification Information	1/1/2012	)	and ending	12	2/31/2012		
or calendar p	lan year 2012 or fi	scal plan year beginning		iple-employer plan (		Γ	a one-particip	ant plan	
A This return	/report is for:	a single-employer plan	السنا		Inc Himmanipoyor)	L	J	,	
3 This return	/report is:	the first return/report		al return/report	doog than 12 mor	othe			
		an amended return/report	h		port (less than 12 mor	.ш.э <i>)</i> Г	DFVC prograi	m	
Check box	cif filing under:	Form 5558	autom	atic extension		-L	T DI 40 biogra		
		special extension (enter desc	ription)			<del></del>			
Part II	Basic Plan Info	ormation—enter all requested in	formation			1h	Three-digit		
1a Name of	plan						plan number	002	
RICHA	RD L. POLGA	R, DMD, P.C. 401 (K) PROF	IT SHAR	ING PLAN			(PN) •		
						10	Effective date of	f plan /2002	
					-taring alam)	2h	Employer Identi		
2a Plan spo	nsor's name and a	ddress; include room or suite numb	per (employ	er, if for a single-em	pioyer pian)		(EIN) 1	61111648	
RICHARD	L. POLGAR, [	OMD, P.C.					Sponsor's telep 60743	hone number 25444	
						2d	The state of the s	(see instructions)	
7 DIETZ	STREET							1210	
	· <b>A</b> .	NY					UZ.		
ONEONT	A	141							
13820			N	Same as Plan S	nonsor Address	3b	Administrator's	EIN	
3a Plan adi	ministrator's name	and address Same as Plan Spor	nsor Name	Dame as Flam o	portage / tourges				
						3c	Administrator's	telephone number	
					-			<u> </u>	
4 If the n	ame and/or EIN of	the plan sponsor has changed sinc	e the last re	eturn/report filed for	this plan, enter the	4b	EIN		
name.	EIN, and the plan	number from the last return/report.				4c	PN		
a Sponso	r's name	nts at the beginning of the plan year				5a		8	
5a Total n	umber of participar	nts at the end of the plan year	1		*********************	5b		7	
<b>b</b> Total n	umber of participal	th account balances as of the end	of the olan	vear (defined benefi	t plans do not			7	
						5c			
		ate during the plan year invested in	n elicible as	sets? (See instruction	ons.)			Yes No	
_		con a manual expension and rer	กดสากเสกแ	nenenuem uuamicu	Dubilo accorning to	QPA)		Yes No	
under	29 CFR 2520.104-	r of the annual examination and rep 46? (See instructions on waiver elig p either line 6a or line 6b, the plan	gibility and i	se Form 5500-SF a	and must instead use	Forr	n 5500.		
			I-cnort	will he seeseed II	iniess reasonable co	luse i	2 62 mination	<u></u>	
Caution: A	penalty for the is	other penalties set forth in the inst	tructions, I o	declare that I have e	xamined this return/re	eport,	including, if app	licable, a Schedule	
SR or Sche	dule MB complete	d and signed by all elliblied actual;	y, as well as	s the electronic vers	ion of this return/repo	it, and	1 to the pest of th	ny kaomongo zara	
belief, it is	true, correct, and c	ompiete.	<u> </u>			-			
SIGN	charles	y Irlean		6/25/13	Barbura		)gar		
HERE	Signature of pla	ature of plan administrator Date Enter name of ind						dministrator	
SIGN	1 Anna	y Polace	,	6125/13	Barbara	a Polger			
HERE	Signature of en	-love-lated engager	idual s	signing as emplo	oyer or plan sponsor ne number (optional)				
Preparer's	name (including fi	m name of applicable) and address	s; include ro	oom or suite number	(optional)	Ph	eharer a reichilo	no number (opasital)	
						L.			
-								Form 5500-SF (201)	
For Paperv	vork Reduction Act	Notice and OMB Control Numbers, se	e the instruc	ctions for Form 5500-	SF.			v. 12012	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year			1	b) End of Year
a Total plan assets	7a	1354				1570863 0
b Total plan liabilities	7b		0			
C Net plan assets (subtract line 7b from line 7a)	7c	1354	448			1570863
		(a) Amount				(b) Total
Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from:						
(1) Employers	8a(1)		245	<b> </b>		
(2) Participants	8a(2)	20	198	<del> </del>		
(3) Others (including rollovers)	8a(3)		0	<b> </b>		
b Other income (loss)	8b	184	275	-		224718
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<del> </del>		224/10
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		787 0	<u> </u>		
e Certain deemed and/or corrective distributions (see instructions)	8e			┼		
f Administrative service providers (salaries, fees, commissions)	8f		7516			
g Other expenses	. 8g		0	<b></b>		8303
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<del> </del>	,,,,,,	216415
Net income (loss) (subtract line 8h from line 8c)	. 8i			4		210410
Transfers to (from) the plan (see instructions)	- 8j		0			
9a If the plan provides pension benefits, enter the applicable pension						
b If the plan provides welfare benefits, enter the applicable welfare t	feature code	s from the List of Plan Charac	teristi	Code	es in th	e instructions:
Part V Compliance Questions				Yes	No	Amount
10 During the plan year:				165	140	Patiount
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig. 2017).	Judicity Conte	CHOICE TO BY WATER	10a		<b>V</b>	(
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not in	nclude transactions reported	10b		1	
on line 10a.)			10c	1		16000
C Was the plan covered by a fidelity bond?		d that was sourced by froud				
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		<b>/</b>	
Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all the commissions.	II OI THE DELLE	the dider nie plant (was	10e	1		198
instructions.)			10f	·	1	
f Has the plan failed to provide any benefit when due under the p	lan?			1		6388
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g	<u> </u>		
h If this is an individual account plan, was there a blackout period	? (See instru	ictions and 29 CFR	10h		1	The state of the s
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the required	notice or one of the	10i	<u> </u>	<u> </u>	
n						in the second
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "	Yes," see instructions and cor	nplete	Sche	dule SI	B (Form Yes ✓ No
44e E-te-the amount from Schedule SB line 39				<u> </u>	11a	
12 Is this a defined contribution plan subject to the minimum fundi	ing requirem	ents of section 412 of the Cod	e or s	ection	302 of	ERISA? Yes V N
	aur an analic	ahla l				The second secon
a 15 a wait or of the minimum funding standard for a prior year is t	being amoniz	ted in this plan year, see in him	iction	c and	enter t	ne date of the letter filling
menting the weblet						
granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Scher  b Enter the minimum required contribution for this plan year	dule MB (Fo	rm 5500), and skip to line 13			12b	

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			12c					
C	Enter the amount contributed by the employer t	to the plan for this plan year						
	acception appoint)	nt in line 12b. Enter the result (enter a minus sign to the left of a	12d	Yes	∏ No	□ N/A		
е	Will the minimum funding amount reported on I	ine 12d be met by the funding deadline?	<u></u>	163	139			
Part		ers of Assets		ा दिली				
13a	Has a resolution to terminate the plan been adopte	ed in any plan year?	L-manual	Yes 🔀	NO			
	# "Vas " enter the amount of any plan assets the	hat reverted to the employer this year	13a		<del>,</del>			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PRICC?				Yes × No			
C	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	were transferred from this plan to another plan(s), identify the plan e instructions.)		-(\$1(a)	130	(3) PN(s)		
1	13c(1) Name of plan(s):		13c(2) E	IIV(S)	190	(0) 1 13(0)		
				<u> </u>		<u> </u>		
Dart	t VIII Trust Information (optional)							
Part VIII Trust Information (optional)  14a Name of trust				14b Trust's EIN				
140	Mailie of great							
			Ī					